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Swimmers, Strugglers and Surfers –

The acceptability and use of groups by parents and their young children from a Sure Start area

Diana Susan Jones

A dissertation submitted to the University of Bristol in accordance with the requirements of the degree of PhD Social Policy in the Faculty of Social Sciences and Law.

School for Policy Studies, December 2009

Ninety-five thousand, five hundred and thirty-six words

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Abstract

In 2000 the UK government funded Sure Start projects to tackle childhood deprivation, based on evidence that early intervention can help prevent many later difficulties. Like previous projects run in economically-poor areas, Sure Start offered largely group-based activities to parents and young children. However, it is widely recognised that many high-need parents do not attend such groups. Although much research has been conducted among group users, little is known about non-users. This mixed-methods study explores which factors attracted parents to such groups, which repelled them, and whether Sure Start groups attracted different parents to other groups.

When a Sure Start project was set up in the study area in 2000, a prospective baseline survey covered 301 parents, a quarter of those looking after children under four. Parents of the youngest cohort were re-interviewed in 2003/4. Their perceptions and experiences of early years groups were explored in depth, and information collected on many factors, including two global parenting variables (coping well and feeling supported), to explore which were associated with regular group attendance.

Interviews highlighted the importance of psychological and social factors (termed 'peer factors') in group attendance. Average attendance was calculated for each barrier and attraction to discover the strongest. Most parents were anxious about attending a group for the first time, compounded by 'rejection sensitivity'¹ for some, who became 'group-fearful'. Low attenders consisted of 'group-fearful' parents, who were struggling, and group-avoiders, who coped well. Different types of regular attender were identified (struggler, swimmer and surfer), including some (surfers) who keenly wanted to move, or had moved, to a more advantaged area. Surfers who had not yet moved were struggling.

It is suggested that acknowledging the fears of 'group-fearful' parents could help services plan better to meet their needs.

¹ Leary, M. R. (2001) *Interpersonal Rejection* New York: Oxford University Press.

ACKNOWLEDGEMENTS

Writing this thesis has felt like a solitary journey through the Antarctic. Along the way, warm encouraging help has been gratefully received.

First of all I should like to thank the 29 mothers and one father who spared their time to talk to me about parenting and going to groups. Without their willingness to share these experiences, there would be no findings. I came away from the interviews feeling admiration for them all, for what had been achieved in sometimes very difficult circumstances. I hope I do justice in feeding this back to those running the services.

Secondly, huge thanks to my husband Peter Kiddle for his patient, loving support throughout the process, without which I could not have finished. I am sorry we have lost so much time. Doctorates can be the ultimate test of partnership. Thanks to my son Steve and daughter Emma for help with maths, graphics and general tolerance. Both have now embarked on their own polar journeys.

Grateful thanks are due to my supervisors Margaret Boushel and Professor Elaine Farmer. They have been kind and understanding, rigorous, encouraging, critical, patient – as required to turn a journalist into an academic. Warm appreciation to Frances Heywood for sensible comments generously flavoured with such positive feedback in the final year, and to Eldin Fahmy for his statistical expertise, patience and encouragement. Thanks also to Margaret Boushel and Chris Stone for putting together the Sure Start baseline questionnaire for the study area, which provided much valuable information and a helpful template. Appreciation also goes to the Sure Start team who welcomed me to team meetings, and to Emma Burton for providing me with vital statistics.

Many others in Bristol University's School for Policy Studies have given valuable support at key moments, in particular: Hilary Abrahams, Jeannette Brejning, Lorna Henry, Sue Moyers and Eileen Sutton.

Others I owe a debt to are: Professor Edward Melhuish who advised on choice of sample, Dr Kathleen Kufeldt who suggested I look for patterns in people not figures, Dr Walter Barker, Dr Jane Grubb, and Dr Deborah Ghate, co-author of the national *Parenting in Poor Environments* study (which proved such an inspiration for this research), who helpfully provided a copy of the questionnaire used - another template.

Like a White Knight, Dr Julia Wood gave crucial help in the final days with formatting, and sustained encouragement beforehand. Finally, thanks are due to the precious friends who have provided vital moral support when needed: Alison, Anne, Annie, Eve, Ina, Jane, Jude, Kate, Linda, Liz, Maggie, Pam, and my sisters, brother and mother. I am grateful to my former West Wiltshire line manager Paul Mountford for allowing me unpaid leave to write up, and I shall forever be in debt to Mid-Somerset Friends (Quakers) for bedrock support.

Apologies to anyone I have forgotten to name; you know who you are – thank you. And last but not least, thanks to Florence Walker, my 92-year-old neighbour, for her kindness, cups of tea and patient support.

AUTHOR'S DECLARATION

I declare that the work in this dissertation was carried out in accordance with the Regulations of the University of Bristol. The work is original, except where indicated by special reference in the text, and no part of the dissertation has been submitted for any other academic award. Any views expressed in the dissertation are those of the author.

SIGNED *Sue Jones* DATE *6. 2009. 10*

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Abbreviations

ALSPAC	Avon Longitudinal Study of Parents and Children (based at Bristol University).
ASSIS	Arizona Social Support Interview Schedule (Barrera 1981 and 1985).
CLS	Centre for Longitudinal Studies, Institute of Education, London. (This Centre conducted the following national longitudinal studies: 1958 National Child Development Study, 1970 British Cohort Study, and 2000/1 Millennium Cohort Study.)
CPQ	Current Problems Questionnaire – Ghate and Hazel (2002) used this measure of acute and chronic family problems, which was based on the 28-item Difficult Life Circumstances Questionnaire (Mitchell and others 1998).
Malaise	The Malaise score measures mental health. A score of eight or more indicates an elevated risk of depression. (Rutter and others 1970).
MCS	Millennium Cohort Study – see CLS above.
NESS	National Evaluation of Sure Start.
PPE	‘Parenting in Poor Environments’ – National study of 1,754 parents of children aged 0-16 living in poorer areas in Britain (Ghate and Hazel 2002).
SDQ	Strengths and Difficulties Questionnaire – This yields a measure of children’s behaviour problems and was devised by Goodman (1997).

SECTION I – BACKGROUND AND CONTEXT

After an introduction to this study (Chapter 1), the literature on parents' use of semi-formal services is surveyed (Chapter 2). Particular attention is paid to early years groups, including those which are part of state-funded intervention projects such as Sure Start. Research is reviewed in order to identify the main factors encouraging parents to, or discouraging them from, attending groups on a regular basis. This provides the context within which the place and significance of the findings of this study can be assessed.

An input/output model of parenting is then proposed, based on a selective review of British studies of parenting in poor areas (Chapter 3). This incorporates a wide range of variables, which are to be explored for their association with the role that early years groups play in the lives of parents and their young children.

These two chapters provide the context for the empirical data presented in later chapters on patterns of attendance at early years groups, what parents found attracted or repelled them from attending groups, and how all these feature in the different parent clusters identified in Chapter 10.

The methodology for this study is described in Chapter 4.

Chapter 5 profiles the 30 study children and their parents for the 138 variables considered in this study.

Chapter 1

Introduction

This study sets out to explore which parents use early years groups and which do not, and to address the question of why it is that many disadvantaged families, where parents are having considerable difficulty, do not use such groups.

Since the 1960s, charities and social services have set up projects in poor areas aimed at providing help to families struggling in difficult circumstances, particularly those with young children. These included family centres and early years centres, which combined nursery education and day nursery facilities with groups and other services for parents and young children referred for additional support. In 2000 the UK Government set out to tackle the problem of childhood economic and social deprivation through Sure Start, a comprehensive approach which provided a raft of support services. Sited in economically deprived areas, these projects were open to all children under four and their parents.

Over the years many early years services in the community have been centre-based groups. These were more cost-efficient than offering one-to-one help, and encouraged parents to make friends and enhance their informal support networks. However there has been widespread concern that many high-need families did not attend such groups.

The rationale for Sure Start was evidence-based. Following the example of the Head Start pre-school scheme in the United States (Schweinhart and Weikart 1993), which improved life-chances for the children involved decades later (less unemployment, less crime, better educational achievement), the British Government sought to apply many of the lessons learned.

A meta-review of research by Ramey and Ramey (1998) found that, to achieve best results, early years intervention projects should serve both parents' and children's needs because if parents were not motivated to participate, they would not take their children to groups. This review also pointed out that to be effective, projects should be accessible geographically, time-wise (held at convenient times), and socially - parents should not be

put off from attending by feeling the programme was patronising or stigmatised. Projects should be culturally-sympathetic to the parents involved and closely linked with the local community. Psychological factors were not mentioned.

In Sure Start, efforts were focused on improving children's school-readiness and social and emotional development. National targets were in place but each local project was run by whichever body successfully bid for the contract - national charity, local social services or local education authority. Local parents were included in each project's management board, which decided which services to run in order to achieve these targets.

Sure Start therefore broadly followed the principles recommended by Ramey and Ramey (1998), and was in accord with some of the findings of a meta-review of programmes to promote family wellness and prevent child maltreatment (MacLeod and Nelson 2000). These authors found the most effective projects started pre-natally or at birth and were: flexible, responsive, consumer-driven and focused on an empowerment strengths-based focus rather than an expert-driven deficit-based one. However they warned that such interventions were no cure for poverty, which increased feelings of stress and powerlessness that could prompt parents to maltreat their children (MacPherson 1984).

In Britain, studies of parents have often been small in scale, focusing on parents with problems (such as social service clients) and usually taking the agency's viewpoint, in which clients who did not access services were termed 'hard to reach' (Gibbons 1990, Gill, Tanner and Bland 2000). Up until 2000, little research had been done from the viewpoint of parents. A few studies had shown that parents needed to feel 'included' (believing the service was for people like them), and autonomous (that they had not surrendered control to the agency) (Gardner 2001).

In 2002 the large-scale *Parenting in Poor Environments* (PPE) study (Ghate and Hazel 2002) broke new ground by taking a community sample and studying parents living in poor areas. This research asked parents how well they were coping and how well they felt supported, linking these global subjective measures to stressors and protective factors, and parents' use of informal, semi-formal and formal support. The PPE study focused on parents' viewpoint, partly for practical reasons, but partly too for philosophical reasons:

“Moreover, we take the view that parents’ perceptions are valuable and valid in their own right, and that this alone makes them worthy of study, even in the absence of external ‘corroborating’ data.” (Ghate & Hazel 2001:23)

Since then, parents’ views have risen in importance. They have been included in the evaluations of all Sure Start local projects, though these views tended to be those of project-users rather. In 2007 the National Evaluation of Sure Start (NESS) impact study finally acknowledged the importance of non-users’ views (NESS 2007). Local and national Sure Start evaluations also started to recognise that psychological factors affected parents’ use of early years groups.

Meanwhile, what of other early years groups? Apart from a report by the Pre-School Playgroups Association (1981), little research could be found about parent and toddler groups and playgroups run independently by local parents. In their national survey of parents in poor areas, Ghate and Hazel (2002) found that fewer than half (42%) had used semi-formal services at some point. Of these parents, 15% had only ever used them once or twice, and disadvantaged parents in particular tended to make little use of these services. These authors stated that a local detailed study needed to be done:

“...it could be possible to use our methods in relation to an investigation of service use on a smaller, local scale that would allow researchers to collect data on actual service provision, alongside data on awareness, use and attitudes. This could focus in, in a more detailed way than we are able to do, on why parents do or do not use services in particular areas.” (Ghate and Hazel 2001:23)

This study addresses this last suggestion. It views semi-formal group-based services from the parents’ viewpoint: what they think about groups, why they attend or decide not to, and whether they choose to repeat the experience or not. In addition, it attempts to characterise the main types of high-user and low-user, and to identify the disadvantaged low-users who might benefit from increased use of early years groups and what stops them from doing so.

This Introduction and Chapters 2 to 5 comprise Section I, which gives the background, context and methodology of the study, along with a profile of the parents and children in the sample. Research into parents’ use of semi-formal groups is considered in Chapter 2,

particularly the main enablers and barriers to attendance, including the role of parental psychology.

Chapter 3 outlines an input/output model of parenting, based on a synthesis of the ecological and active agent models of parenting, in which social support and parent psychology have increasingly been recognised as important. Parenting is viewed as a role whose performance depends on inputs (resources), outputs (tasks, either performed by the parent or delegated to others), and the parent's relationship with the child.

Chapter 4 describes the methods used to obtain the information for this study.

Quantitative and qualitative methods were used concurrently in a mixed-methods study, based on Hammersley's (1992) 'subtle realism' epistemology. Using a sub-sample of a large community-generated sample from a Sure Start Trailblazer area, and detailed questioning about all early years groups the parent was aware of, non-users and one-off users were identified, along with regular users. As the sample was fairly representative of the general population in the area, and because the quantitative findings generally mirrored those from larger surveys, it is suggested that the results might be regarded as indicative for parents from such areas.

The same can be held to apply to the qualitative findings. As it is unusual for an in-depth survey to be carried out with a community sample such as this, themes from the qualitative analysis were also quantified. The number of comments about each theme indicated the relative importance of the different themes, yielding an important result – that social and psychological factors were predominant. As these concerned actual, perceived or imagined relationships (Hogg and Vaughan 2005 4E) with other members of the group, they are termed peer factors. Barriers and enablers to group attendance were identified, and were linked with average attendance and parents' rating of groups, so that their relative strength could be assessed.

To address the question of which disadvantaged families do not use early years groups and why, both quantitative and qualitative data were drawn on to assemble a model of parent clusters, in which attitudes to and use of early years groups are associated with a host of other factors.

In Chapter 5 the sample of 30 children (aged three to five) and their parents is described in relation to the types of factor identified as important to parenting, in order to gauge the extent of advantage and disadvantage. These include two global subjective parenting measures – how well parents were coping and whether they were receiving enough support. Most variables were drawn from the 2003/4 (Stage 2) interview, but some from the baseline (Stage 1) interview in the study child's first year of life (2000) carried out by MORI, and others (termed 'journey variables') from a combination of the two.

In Section II, quantitative and qualitative data on parents and early years groups are presented. Chapter 6 paints the background to parents' use of early years groups, considering the types of group available (Sure Start and pre-existing), how many parents used them, how highly they thought of them and how often their study child attended. Attendance patterns and parents' rating of Sure Start and pre-existing groups are compared.

In Chapter 7 parents are divided into high and low users of early years groups, and compared over the range of quantitative parenting variables detailed in the sample profile (Chapter 5). Although some generalisations can be made, high and low group users do not appear to be very different from one another, even when high attenders at Sure Start groups are considered separately from those at pre-existing groups.

Chapter 8 explores mothers'¹ views about early years groups. Themes are divided into positive and negative aspects (attractions and barriers) according to whether they encourage or impede use of early years groups. Social and psychological comments (peer factors) are identified as the key theme, explored in detail and considered in relation to the theory of groups, particularly that of feminist psychologists (including Butler and Wintram 1991, Coward 1992, Schiller 2003). In addition, recurrent use by parents of the term 'rough' to describe groups, children, parents, schools and neighbourhoods they wished to avoid, was noted. This manifestation of 'lower working class' culture was a mirror image of 'respectability', which Skeggs (1997) found young working class women aspired to, and reflected the 'rough/respectable' divide long noted among the British working class (Klein 1965, Stacey 1975, Savage 2000).

¹ The study child of the only father interviewed had not attended any early years groups.

Positive and negative components of these qualitative themes are quantified in Chapter 9 and linked with frequency of use and mothers' rating of groups, in order to identify the key enablers and barriers to group attendance.

Clusters of parents are identified in Chapter 10, on the basis of factors from both the qualitative and quantitative data, utilising the strength of mixed-methods research. Crucially, two very different types of non-user are identified in the peer factor model – avoider and 'group-fearful'; only the latter needed help. The analysis then takes into account how keenly the parent wished to move out to a more advantaged area, and whether s/he had yet made this move. This resulted in the multi-factor model featuring swimmer, struggler and surfer clusters and their sub-divisions. Parents suffering most disadvantage and having most difficulty fell into three sub-divisions - shy struggler, attender struggler and struggling surfer – and were termed 'struggling parents'.

In the conclusion, Chapter 11, the findings are summarised, both as regards research design and methods, and in answer to the four research questions. Two themes that surfaced repeatedly are highlighted - the strong fear some parents had of attending groups and the strong drive by many parents to avoid 'rough' groups, schools, families and neighbourhoods.

Social and psychological (peer) factors are highlighted as being crucially important to whether parents were willing to use groups, particularly those struggling with difficult circumstances and low self-esteem. 'Group fearfulness' is analysed in the context of literature about social phobia, rejection sensitivity and the need for psychological safety. Learning points for agencies wishing to engage high-need but shy parents in groups, are suggested.

It is hoped that the findings in this study will ring true for parents themselves, articulating their 'voice', and demonstrating why some of those who are struggling the hardest shy away from groups. As groupwork is the channel for much current work with parents, it is hoped that this might stimulate agencies into finding ways to effectively help such parents.

Chapter 2

Literature Review

Parents and Semi-Formal Services

2.1 Introduction

This literature review examines research on parents' use of semi-formal services for themselves and their young children, such as parent and toddler/baby groups, and playgroups. It is split into two parts. The first concerns the limited amount of research done up to 2002 on why parents use semi-formal services, which was taken into account when preparing questions for my interviews. The second involves the large amount of research done on parents and groups since 2002, which includes many of the compulsory local Sure Start evaluations. Although these findings did not influence the design of this study or analysis of data, they paint the context within which the place and significance of this study's findings can be viewed.

2.2 Research on parents and semi-formal services up to 2002

Before 2002, parents' views of services were rarely canvassed by researchers (Ghate and Hazel 2002). Yet when Ghate and Hazel surveyed 1,750 UK parents living in poor areas they found there was often a gap between what services were providing, particularly formal ones, and what parents wanted:

"there was a widespread perception of services as 'missing the mark' in terms of providing timely, practical and above all unthreatening help." (Ghate and Hazel 2002:170)

At that time a handful of other British studies had highlighted the following issues relevant to parents' service use:

- **Inclusion** – fathers feeling services were for mothers (Ghate, Shaw and Hazel 2000a), and black and minority ethnic parents feeling services were for white people (Butt and Box 1999).

- **Relevance** – parents not believing the service would meet their needs, such as ordinary families feeling a service was for families with problems (Ghate, Shaw and Hazel 2000b, Pithouse and Holland 1999, Smith 1996). The issue of stigma was also involved here, parents' negative perception of the service.
- **Autonomy, power and control** – parents feeling formal services, in particular, could lead to unwelcome intervention in family life (Cleaver and Freeman 1995, Farmer and Owen 2000, MacDonald and Roberts 1995)
- **Professional culture** - Service workers, particularly professionals, having a different view of family life to parents, undermining parents' feeling of competence (Mayall 1990).
- **Timeliness** – help needs to be available at the 'right' time, when parents need it (Moorman and Ball 2001, Utting 1995).

In addition, two American meta-reviews highlighted other factors which increased parents' use of semi-formal services. Reviewing studies of early years intervention projects, Ramey and Ramey (1998) found services should be: geographically accessible, conveniently timed, culturally sympathetic, locally-linked and not patronising or stigmatising to parents. In addition they should be enjoyable for both parent and child, for if parents did not want to go, the child would not be taken.

Reviewing programmes to promote family wellness and prevent child maltreatment, MacLeod and Nelson (2000) concluded that in order to be effective, they should: start early (preferably during pregnancy), be flexible and responsive to parents' needs, and be strengths-based rather than deficit-based, focusing on empowering parents, rather than being expert-driven.

The three British studies (Ghate and Hazel 2002, Gibbons 1990, Gill, Tanner and Bland 2000) from which factors associated with parenting difficulty were abstracted (Appendix 1) also covered parents' use of semi-formal services. Only half the parents in each study had ever attended parent and toddler groups or playgroups. Attenders tended to be more advantaged than non-attenders (Gibbons 1990), have more informal supporters, higher incomes, be white British and women (Ghate and Hazel 2002). However they did have

more current family problems and their child was more likely to have a long-term health problem (Ghate and Hazel 2002). Gibbons (1990) found that family centres were better at attracting less advantaged families; even so, high-need parents were four times more likely to be non-attenders than attenders. Ghate and Hazel (2002) were also concerned that many high-need parents were not using semi-formal services:

“...it was also clear that substantial number of parents with problems who might benefit from these services, were not using them.” (Ghate and Hazel 2002:139)

The most common reason parents gave for non-use was relevance – 37% of non-users said they had not needed the service, 28% said it did not offer anything of interest¹, followed by inclusion – 11% of parents felt the service was not suitable for someone like themselves (Ghate and Hazel 2002). One in 12 parents had never considered using the service. Practical access difficulties accounted for a fraction of non-use; 5% of parents did not know how to contact the service, 3% had not had time to attend, and 1% found it too difficult to reach. Social or psychological reasons were rarely cited; 2% of parents said they were too embarrassed or shy to use the service, 1% did not want to mix with other adults attending and 1% did not want their children to mix with other children there. Such reasons included the individual’s psychology as far as relations with others are concerned, such as social confidence or shyness, and the social characteristics of the group, and whether the parent wanted to join it. Another barrier found by Gibbons (1990) was that family centres were stigmatised.

One report that did, however, feature social and psychological barriers prominently was *Parents and Playgroups* (Pre-School Playgroups Association 1981). Anticipating several factors that were only recognised two decades later by other researchers, this report included the following in a list of barriers to parents getting involved in playgroups: lack of a warm welcome, feeling they had nothing to offer, fear of going into a strange room and having to talk to people, feeling inferior to the supervisor (because of their speech, mode of transport, husband’s job, home or ideas), being illiterate or innumerate, and feeling very tired or depressed. In addition some wanted a break from young children, and some feared their child behaving badly and showing them up. This report also noted how some mothers could form a clique excluding others, and recommended that efforts be made at every meeting to introduce new members to existing ones. Although mothers

¹ Respondents could give more than one reason.

legitimised going to mother and toddler groups as being for the sake of their child, this report concluded, like Ramey and Ramey (1998), that “they come at least as much for themselves” (Pre-School Playgroups Association 1981:98). Introductions at such groups could lead to firm friendships among the mothers.

2.3 Research on parents and semi-formal early years services since 2002

Since 2002 a range of findings has been published concerning parents’ use of semi-formal services, highlighting barriers and enablers to use. Growing attention has been paid to this topic since the British Government launched Sure Start in 2000, an early years intervention project in poor areas. This followed the positive experience of Head Start in the U.S.A. which showed that such programmes could produce many benefits for children (Schweinhart and Weikart 1993).

Sure Start’s services for parents and children under four were decided locally to meet national objectives of improving children’s school-readiness and social development. Sure Start relied on parents’ voluntary engagement with a range of semi-formal services, mainly groups (Chapter 6). Each Sure Start project had to carry out an evaluation of its services, and a prime focus was on how to engage parents by making groups more accessible, including discussion of barriers and enablers.

Although research on Sure Start and, to a lesser extent, family centre groups² has been widespread, I could find no recent research on independent early years groups, such as parent and toddler groups run by local mothers or churches. All are included in my study.

Key points that arise in considering research since 2002 on parents and semi-formal services are:

- the growing recognition that research conducted from parents’ rather than an agency’s perspective is legitimate and can be illuminating, particularly into reasons for non-use of services

² Family centres were set up to provide family support services for ‘children in need’ as defined by the 1989 Children Act.

- whether it is realistic for any semi-formal service to aim at reaching all parents and children of a certain age, or whether some families do not require such a service
- identifying barriers and enablers to group attendance, including the growing recognition of the important role of social and psychological factors for parents.

2.3.1 The perspective gap – The difference between the perspective of service providers/agencies and parents

As social services' role broadened from child protection to prevention of child abuse, and since family support services were introduced to help children in need, the focus has shifted to how agencies running these services could encourage parents to engage.

Research has largely been undertaken from perspective of agencies not parents:

“... studies that have canvassed the view of parents themselves, rather than practitioners, are rather thinner on the ground.” (Ghate and Hazel, 2002:168)

Ghate and Hazel (2002) noted a ‘credibility gap’ between parents and some agencies in poor areas (See ‘professional culture’ in section 2.2) as one of the biggest barriers to service use. Parents perceived some agencies as:

“...agents of control rather than sources of support, with their own agendas and a lack of respect for parents’ own skills and views.” (Ghate and Hazel 2002:181)

This gap between the perspective of parents and agencies is perhaps most striking when non-use of services is explored. Reviewing research on help-seeking, Broadhurst (2003) noted widespread concern that those who are perceived as needing help often do not access it. She pointed to a methodological problem of studies carried out from the agency’s viewpoint into why parents do not use their services:

“It is argued that if research continues to legitimate professional or agency discourse, as questions are asked and answered within assumptive limits (such as commencing from a *a priori* definition of problems/needs), then research runs the risk of being tautological.” (Broadhurst 2003:345)

A more useful approach was to adopt the help-seeker’s perspective:

“Conceptualizing the help-seeker as an active agent, negotiating pathways to a range of informal or formal sources of help, requires research to move beyond the

discursive boundaries of professional or agency discourse and to consider problem definitions and solutions from the perspective and experience of the help-seeker.” (Broadhurst 2003:342)

Barlow and others (2004) echoed this concern, noting the difference between what some pregnant women wanted (practical help) and what an agency offered them (a ‘talking’ intervention), leading to their refusal of the intervention:

“Engagement is always likely to be better, if service providers begin by asking parents for their perception of their needs.” (Barlow and others 2004:209)

Penn and Gough also highlighted a situation where family support services were only “marginally effective” (2002:30) because parents wanted financial advice and a break from their children yet were offered neither.

2.3.2 Non-users – Their ‘hidden voice’

Which parents do not use services and why? This was a vital question, both for universal services such as Sure Start which aimed to reach all parents of under-fours in a local area (Anning and Ball 2007, NESS³ 2007, 2008), and more targeted services which aimed at a smaller number of families felt to be in particular need. In both cases, agencies described non-users they wished to engage as ‘hard-to-reach’⁴.

Studies of non-users are thin on the ground:

“...there are few studies which focus on non-service user populations, hence questions continue about ‘hard to reach’ populations and perceptions of services from those not engaged with a service.” (Broadhurst 2003:346)

Might this be because it is more rewarding for an agency to find out how users have benefited from its service than what put off non-users or drop-outs?

One reason why non-users have rarely been interviewed is that they are hard to find. It took seven years after Sure Start began before the national evaluation team talked to non-users:

³ National Evaluation of Sure Start team.

⁴ This term has been recognised as problematic by Featherstone and others (2007), as Sure Start has used it not only to describe categories of parents deemed to be low-users, such as minority ethnic or lone parents, but also to describe service deficits, such as opening hours precluding use by full-time workers.

“Our experiences of trying to track them down mirrored the frustrations of the SSLP (*Sure Start Local Programme*) and centre staff in attracting them to use services.”
(NESS 2007:96)

Agencies usually have no easy access to names of non-users. Some local Sure Start evaluations contrasted registered non-users with registered users of services (Coe and others 2008), or low-users with high-users (Avis and others 2007). However this approach omitted parents who had not registered with the project, who may be a different type of non-user group.

Another strategy to access non-users is snowballing, asking users to find and interview non-users (Coe and others 2008). But such determination to find non-users was rare:

“The voices of non-users recorded here provide a unique, often hidden, perspective on Sure Start, giving us a new viewpoint on the impact of programmes within the areas studied.” (Coe and others 2008:452)

Coe and others (2008) defined ‘hard-to-reach’ parents as all those eligible to receive Sure Start services at the time of the study, but who were not involved, reflecting the Government intention that all those eligible should make use of Sure Start – a tall order, that was eventually accepted as unrealistic. By 2007 it was regarded as satisfactory if local projects achieved 25% ‘reach’ each month (NESS 2007).

Some Sure Start projects focused on particular groups regarded as ‘hard-to-reach’ because they used services less than others, such as teenage parents, fathers, working parents and refugees.

2.3.3 Non-users – High-need and low-need

Some studies examining non-users have pointed to their heterogeneity; some are high-need families, some low-need (Coe and others 2008).

Barlow and others (2004) offered £20 vouchers if those refusing extra home visiting by health visitors explained why; some parents said they felt too burdened or did not trust professionals, while others did not need the service. Fonagy (1996) found service refusers were often those in greatest need, while Ireys and others (2001) found non-users to be low-need. Some non-users told the national Sure Start evaluation team they did not

need Sure Start, but just wanted healthcare, citizen's advice, childcare and pre-school for their children (NESS 2007:81).

It would seem, then, that there is a group of parents who do not use a service because they do not require it. Instead of being 'hard-to-reach' they may be 'unnecessary-to-reach', and this may denote their strength, reflecting an adequate support system (Anning and Ball 2007, Lang and Senior 2004). In interesting terminology for a project aimed at building on parents' strengths, the National Evaluation of Sure Start team identified having an adequate friend and family support network as a 'barrier' to service use (NESS 2007:81).

Even for parents with high needs, extra support is not always the answer. In their national study, one-third of parents who were not coping well did not want more support, they wanted financial help (Ghate and Hazel 2002). Parents do not always want what agencies have to offer. Agencies do not always offer what parents want.

2.3.4 Low users

Many parents 'drop out' after one or two uses of a semi-formal service, one-sixth of attenders in the national survey (Ghate and Hazel 2002) and a significant proportion of parents using parenting support (Moran and Ghate 2005). Apart from Avis and others' study of low Sure Start users⁵ (2007), this phenomenon of drop-out has received little research attention.

2.4 Barriers and enablers to initial group use

Increasingly, research has focused on what encourages and discourages parents from using services, particularly groups, and this has prompted services to move towards being more acceptable to parents, less stigmatising and more informal and accessible (Broadhurst 2003). Researchers have categorised these barriers and enablers in different ways. Reviewing Sure Start local evaluations, Avis and others (2007) identified practical (including awareness), social and psychological, and organisational barriers. Coe and others (2008) identified lack of information, poor accessibility and social isolation. Moran and others (2004) listed five spheres affecting access to parenting support:

⁵ Parents who had used Sure Start less than three times.

practical, relational, strategic, structural and cultural/contextual. Sometimes enablers were the direct opposite of barriers, sometimes they were different. Coe and others (2008) found the two main enablers were relevance to the family's needs and positive views about the project.

For the purposes of this literature review, the following domains of access to semi-formal services are considered: awareness, perception, practical, relevance, social and psychological, relevance, organisational, childcare and timeliness (Table 2.1). Some were identified by Ghate and Hazel (2002), others by more recent studies. I have added childcare, because this is important for parents of young children. As research has mostly identified barriers, enablers are summarised at the end of each section.

Table 2.1: Topics affecting parents' use of groups

Domain of access	Themes	Parent's Questions
Awareness	Awareness Source of publicity	Is parent aware of group? How did parent find out about group?
Perception	Inclusion Stigma Locally-appropriate or 'alien'	Does parent believe group is for families like theirs? Is group stigmatised? Does group sound like it is suitable for local people or like it has been 'helicoptered' in from outside and is 'alien' to local culture?
Relevance	Relevance	Does parent believe the group will be/is useful to attend, meeting his/her and/or the child's needs?
Practical	Time Cost Place Language	Is group held at convenient time? Has parent time to attend? How much will it cost to attend the group – fee, transport? Where is it? How easily can the parent and child get there? Can the parent/child understand and be understood by others in the group?
Social and psychological	Parent-peer relationships Child-peer relationships	What will it feel/be like for the parent to join the group? What will it feel/be like for the child to join the group?
Organisational	Eligibility Availability Relationship with staff/volunteers	Is the child eligible to attend the group? Is there space for the parent/child to attend the group? Is there a waiting list? Or can the parent just turn up when s/he likes? How would/does the parent/child get on with any workers at the group? Would/does the parent feel empowered and respected by workers or diminished, and threatened with the possibility of unwelcome intervention/breach of confidentiality? Are the workers like the parent or 'alien' (from a very different background/culture)?
Childcare	Separation Safety Security	How will the parent/child cope if apart? Are the toys/premises safe? How closely supervised are the children? Could they escape from the premises, be at risk?
Timeliness	Timeliness	Is 'now' the right time for the parent to take their child to the group?

2.4.1 Awareness

A parent must know a service exists before considering whether to use it. Most non-users of Sure Start, when services were described, said they would have used them if they had known about them (Coe and others 2008). Awareness can be by word-of-mouth, letter, printed or broadcast publicity, and several studies have found word-of-mouth to be the best method of recruitment (Bertram and others 2002, Gibbons 1990). Avis and others (2007) found that parents not using Sure Start would have liked an invitation to become involved. Early engagement after birth often led to higher use of services (Belsky and others 2006, Bertram and others 2002).

Publicity may purvey a general impression or detailed information, and if either are inaccurate, parents may avoid a service because they have a misperception of it. Some pregnant women refused intervention because they thought, wrongly, it would involve groupwork (Barlow and others 2004). Coe and others (2008) found that having wrong ideas about who a service was for, along with lack of awareness, was one of three key barriers to the use of Sure Start.

In brief then, research has found factors promoting awareness to be:

- publicity, preferably a personal invitation from someone trusted
- accurate information about both the specific service and, where relevant, the project, particularly who it is for
- early contact, before misperceptions take root and while the parent is most open to seeking help.

2.4.2 Perception of accessibility - Inclusion and stigma

Inclusion and stigma dominate in how parents' perceptions of who a service is for affect whether they use it. Do parents believe the service is for people like themselves, and do they perceive it as stigmatised?

Several studies have noted that men do not feel comfortable in female-oriented early years groups (Ghate and others 2000a, NESS 2007) and are less likely both to seek help for a family problem than women (Broadhurst 2003) and to advocate asking a professional for help (Edwards and Gillies 2004). The National Evaluation of Sure Start team noted that working parents and some black and minority ethnic groups did not

perceive Sure Start as being for people like themselves (NESS 2007). Cultural and gender sensitivity is needed to ensure early years services are acceptable (Bertram and others 2002). Age could also be a factor. Some young women's unwillingness to relate to older adults deterred them from taking up a home intervention service (Barlow and others 2004).

Several researchers have noted that the perceived stigma of services, such as some Sure Start projects and family centres, puts parents off using them (Anning and Ball 2007, Avis and others 2007, Lang and Senior 2004, NESS 2007, Sheppard and others 2008). However Coe and others (2008) found no stigma associated with the Sure Start projects they studied, which were inclusive and had a positive reputation.

"Non-stigmatising" was one of three key characteristics that Smith named as encouraging service use in disadvantaged areas⁶ (Smith 1999). She cited the open-access community-based approach of some voluntary sector projects which have empowered parents, such as Pen Green Centre in Corby, which later became a Sure Start pilot (Whalley 1994). Parenting groups should be fun, positive and raise parents' self-esteem rather than appearing to subscribe to 'parent blame' (White 2001) and to the tendency to pathologise working-class parenting (Skeggs 1997). Men's groups that were gender-specific, enjoyable and marketed by assertive outreach, were found to be successful (Potter and Carpenter 2008). Other techniques which Sure Start projects used to combat stigma included: purpose-built or adapted family-friendly buildings; inviting parents to 'join' rather than 'register' with the project; and using the non-stigmatising term 'family support worker' to cover social workers, domestic violence and drug and alcohol workers (Carpenter and others 2005).

In brief, research has identified the following perception factors which encouraged parents to use a semi-formal service:

- they appealed to the whole range of their target groups, being sensitive to gender, cultural, language, employment and age barriers
- they were not stigmatised but empowering, and had a positive reputation among parents.

⁶ The other two being availability and accessibility.

A project's broad appeal and positive image could do much to counter both particular types of parent feeling excluded and the powerful barrier of stigma.

2.4.3 Practical access – Time, cost, location and language

This domain includes the time and cost of using the service (including transport cost), the location and nature of the venue. Reviewing Sure Start local evaluations, Avis and others (2007) noted all practical barriers as important, including cleanliness of the venue.

Parents wanted a safe and comfortable venue (NESS 2007). Another practical barrier was language (Anning and Ball 2007, Coe and others 2008).

Time is a multi-faceted issue. The time the service is held may not be convenient for parents, or they may be too busy to use it because of other commitments, or not sufficiently organised to fit the service into their day at all. Some parents do not live scheduled lives; they live day to day (Henry 2008), their lives too 'chaotic' to fit in appointments (Anning and Ball 2007). Avis and others (2007) found some non-frequent users would have liked events held at weekends, and NESS (2007) found school-day timing of services, though convenient for service-providers, was a significant barrier nationwide. Prior commitments and schedule conflicts were the commonest reasons given by US parents not participating in Head Start (Lamb-Parker and others 2001). Time would, therefore, seem to be a key barrier to service use. However it may have been that some parents used lack of time as a smokescreen; the real answer for non-use may have been deeper and less easy to reveal.

In brief, research indicates that factors promoting practical access to groups are:

- timing is convenient
- parent has enough time to attend
- parent leads a scheduled life that allows her/him to meet regular commitments
- cost is affordable, both in terms of service fee and transport to the venue
- location is easy to reach (by foot, bus or car)
- venue is acceptable, comfortable and clean.

2.4.4 Relevance

Whether parents felt the service would be useful to themselves or their children was important in deciding whether or not to use it. Anning and Ball (2007) found that parents of children with additional needs were the most likely to find Sure Start services acceptable. Nationally, Ghate and Hazel (2002) found 28% of non-users did not think the service offered anything of interest. However some did not use a service because it did not offer what they wanted (Penn and Gough 2002, Barlow and others 2004); in both cases, mothers wanted practical help not intangible 'support'. If the agency's perspective differed substantially from their own, parents were unlikely to see the service as useful (Chapter 2.3.1). Providers should ask parents what they want and would find acceptable (Whalley 1994), and provide it through services being flexible (Barlow and others 2004).

Research has indicated that factors enabling parents to see a group as relevant to their or their child's needs are:

- parents have accurate information about the service and project
- the agency is either providing a service parents perceive they need, or is respectful enough to listen to parents' views and is flexible enough to respond to these needs.

2.4.5 Social and psychological factors – Social confidence, cliques and parents' motivation

Increasingly, studies on barriers to service use have identified social and psychological factors as important. Using a questionnaire interview in their national survey, such factors⁷ only accounted for 5% of named reasons for not using a semi-formal service (Ghate and Hazel 2002). However social and psychological factors have figured importantly in many studies since, particularly in one-to-one interviews where it is perhaps easier for parents to reveal their feelings about attending groups.

An evaluation of Early Excellence Centres highlighted self-confidence, social skill, emotional well-being and family pressures among issues which affect take-up of services, particularly the great reluctance of some parents to attend a group because they

lacked confidence or knew no-one else there (Bertram and others 2002). This particularly applied to young mothers (Lang and Senior 2004). Some mothers avoided groups because they did not trust other members (Barlow and others 2004).

Coe and others (2008) pinpointed social isolation as one of three key barriers to service use and, in their study of Sure Start evaluations, Avis and others (2007) also identified social and psychological factors as one of the three main barriers. Lack of social confidence and distrust of staff and other parents were the commonest reasons for low use of the project:

“Parents who attended less frequently talked about feeling shy, that ‘going somewhere new is always daunting’, or that they ‘can’t pick up the courage to attend’.... Parents also said that they were reluctant to attend Sure Start because they did not know who they would be mixing with, they worried about expressing opinions that might be different from other people’s and they were concerned about getting into any type of conflict.” (Avis and others 2007:207)

Fears and anxieties included: feeling helpless, finding it difficult to ask for help, feeling fraudulent in accepting help, fearing authority, lacking motivation and being anxious about how their child would behave at the group (Avis and others 2007)⁸.

NESS (2007) also found that lack of confidence and fear of meeting strangers or going to new places deterred parents from attending Sure Start groups, and some were specifically afraid of joining a group (Tunstall and Allnock 2007)⁹.

It was easier for Sure Start programmes to rely on core groups of high users than try to attract and retain new users (Anning and Ball 2007). However these core groups could harden into cliques which could be difficult to ‘break into’ (Gill, Tanner and Bland 2000). NESS also noted that cliques could act as a barrier:

“Non-users felt that cliques, from whom they felt alienated, dominated centre-based groups services.” (NESS 2007:88)

⁷ Feeling too embarrassed or shy to attend a group, or parents not wanting themselves or their child to mix with others at the group.

⁸ This fear may have been well-founded; Sheppard and others (2008) found some long-established groups subtly discouraged newcomers with disruptive children.

⁹ Avis and others (2007) tied some of this social fear to parents’ perception that they were living in a threatening environment, but cited no evidence to show that shyness and fear of unknown others is confined to those living in poor areas.

Such cliques were perceived to consist of 'better-off' families (Anning and Ball 2007, NESS 2007), reflecting other findings that parents from a higher socio-economic class tend to make more use of early years services (Meltzer 1994, Stratford, Finch and Pethwick 1997). Sheppard and others (2008) also highlighted the issue of cliques at long-standing groups at family centres, gatekeeping the service and deterring new, less confident parents, some of whom dropped out after attending just once or twice:

"...alongside the danger of 'clique-iness', those who were most likely to feel alienated were those who, arguably might have been most in need of services."
(Sheppard and others 2008:69)

Nearly a third of parents (31%) in Ghate and Hazel's (2002) national study felt semi-formal services could be improved if a wider range of parents and children used them, partly to combat clique-iness in groups. Clique-iness and gossip were two of the three complaints made by users of a family centre drop-in; these were especially a problem for shy parents.

"And entering the kitchen where a group of users appeared to be deep in intimate conversation could be an ordeal for the shy." (Cigno 1988:370)

There does, then, seem to be a widely-recognised problem of high-need shy parents being reluctant to join groups dominated by cliques. Carpenter and others (2005) found that the resistance of some 'hard-to-reach' parents to using Sure Start services was considered a major issue by social services. Methods used to encourage such parents to engage included: family workers supporting newcomers at groups, drop-in cafes, and street-by-street 'door-knock' campaigns (Carpenter and others 2005).

Finally, parents' motivation must be considered. If offered a service they do not believe will 'work', parents are unlikely to take it up. Mental health can affect such a perception. Faced with unruly children, depressed parents were likely to blame their child for being inherently difficult rather than being affected by their own parenting (White and Barrowclough 1998) and as a result were less likely to see the point of attending a parenting course (White 2001). Lack of motivation was also noted by NESS (2007).

Only one Sure Start evaluation considered in this literature review did not feature social and psychological barriers (Dopson and others 2003). This may have been because the

research method of using focus groups filtered out less confident parents afraid to attend groups where they knew no-one¹⁰.

Amongst the many social and psychological factors found to deter parents from attending groups, the following stand out as barriers:

- lack of self-confidence and poor mental health
- embarrassment at their child's unruly behaviour or anxiety about how a 'difficult' child will behave
- lack of social skills and social confidence, especially if combined with knowing no-one at the group and it being cliquey
- high family pressures and feeling over-burdened.

Social and psychological enablers fall into three categories, personal, family and organisational:

- personal enablers - such as self-confidence, social skills, good mental health
- family enablers - such as few family pressures, an 'easy' child
- organisational enablers - such as non-judgemental staff who have an open and welcoming attitude, a willingness to provide home visits, an induction procedure for newcomers, who enact measures to counter clique formation, and who give parents the opportunity to become givers as well as receivers of agency services (Gibbons 1990).

2.4.6 Organisational factors – Eligibility, availability and relationships with staff

Apart from the more obvious barrier of whether children are eligible for a particular project (in the case of Sure Start they had to be under four and live in the project's catchment area), the service must be available to the family when the parent wants it. Sometimes there is a waiting list or a session is 'full' and can admit no more, often for childcare or health and safety reasons.

¹⁰ Interestingly, fear of meeting with a group of strangers is not widely recognised as a barrier to participation in focus groups (Fielding 1993).

Relationships with staff could also be crucial to parents' use of a service. Broadhurst (2003) identified several psychological factors for parents seeking one-to-one help - control, fear, impact on self-esteem and stigma. Parents weighed up the perceived costs of asking for help (such as loss of control, and stigma from disclosing family problems) against the perceived benefits (Broadhurst 2003). These are also relevant when parents use groups run by staff. If the staff make parents feel welcome, valued, supported and empowered, they are far more likely to return and to spread good publicity by word-of-mouth.

Ghate and Hazel (2002) identified parents' perceptions of the degree of autonomy and control they had as a major theme affecting their use of formal services. Some, especially less confident high-need parents, feared interference in their family lives, being patronised, and insulted or disempowered by workers. This was also an issue for semi-formal services run by organisations with paid staff and external funding and objectives. Distrust of agency staff, especially professionals, was a barrier reported by several studies (Avis and others 2007, Barlow and others 2004, Dopson and others 2003). NESS (2007) noted fears of being patronised by staff and lack of confidentiality as barriers to using Sure Start. Parents wanted Sure Start staff to treat them with respect and use their professional expertise in an accessible and sensitive way (Tunstall and others 2005). Barlow and others (2004) recommended that staff should work collaboratively with parents, showing respect for their views if they wish to engage them.

Some parents felt insulted to be offered help with parenting when they had already brought up older children (NESS 2007). Others were reluctant to be drawn into services if they had severe problems such as drug or alcohol abuse, mental health problems, domestic violence or criminal records¹¹:

"They were frightened. They did not want to be on anyone's list. They had learned not to trust professionals were unlikely to let paraprofessionals and volunteers into their homes. A long timescale is needed to break down such barriers and to establish relationships with families with this level of resistance." (NESS 2007:82)

However, where projects empowered parents, allowing them to give as well as receive help, there were higher levels of satisfaction (Gibbons 1990, Whalley 1994). Quinton

¹¹ Such parents are termed 'hidden strugglers' in my study (see Chapter 4 and Chapter 10).

(2004) recommended that family workers (including professionals) should regard parents as experts in their own family needs and work in partnership with them.

A principle of Sure Start was that local parents should be involved in managing the projects, and in many cases parents were also taken on and trained as volunteers or employees. This produced a degree of 'community ownership' and:

"...consequently they were not seen as having a threatening 'big-brother' role on behalf of the statutory authorities." (Carpenter and others 2005:42)

Organisational factors that research has shown encouraged parents to use semi-formal services were:

- approachable, warm and trustworthy staff
- early positive experiences with staff
- lengthy one-to-one work with those most wary of professionals, including home visits
- respectful, collaborative and empowering rather than patronising and judgemental attitude from staff towards parents
- service is responsive to parents' needs
- provision of confidential space for confidential discussions
- allowing parents to help run a group as well as attend it
- community links, including using local parents as workers and volunteers, and involving them in managing the project.

2.4.7 Childcare

Few studies mentioned parents' concerns about care for their children at semi-formal services. Avis and others (2007) noted some parents were concerned about leaving their child in a creche, and some worried about the possibility of a paedophile accessing their child.

Some studies noted the availability of childcare as an attraction to an early years group (NESS 2007, White 2001). Childcare was third on parents' wish-list in the national study (Ghate and Hazel 2002), and NESS (2007) noted that parents who saw no place for Sure Start in their own lives still wanted access to childcare. Yet some projects did not offer this for ideological reasons, because they wanted to focus on improving parents'

competency in dealing with their children (Penn and Gough 2002). This exemplifies the perspective gap between parent and agency.

2.4.8 Timeliness

Parents want to use services at a time suitable for themselves. Therefore, agencies need to continue offering services so that, when the time is right, the parent will know the support is still on offer and they will be welcomed (Barlow and others 2004). Some parents felt too burdened when the service was first offered to accept it.

2.5 Need for ongoing efforts to facilitate access

Engagement is an ongoing process. Agencies need to keep making sure their service is accessible to anyone who may need it, whether they are attending the first or fiftieth time (Moran and others 2004). Extra effort may be needed to engage 'hard-to-reach' families (Tunstill and others 2005, White 2001), along with a range of strategies including befrienders, outreach services, creche, transport, flexible timing, and the use of informal social networks such as 'parent ambassadors' (Garbers and others 2006), and possibly a key worker (Tunstill and others 2005). A holistic service needs to be provided with parents in control and feeling that their needs are being met.

A NESS report (2007) listed the following strategies to maintain parents' engagement – follow-up phone calls, letters or house calls, providing incentives, early recruitment and ongoing signposting to services. White (2001), a psychologist running a parenting group, used assertive outreach, which included canvassing for 'customers' at the school gate, producing attractive leaflets, phoning the parent before and after every meeting, providing chocolate biscuits and making sessions fun. These positive inducements helped counteract parents' tendency to regard parent training as parent blame, and to raise their self-esteem. In some Sure Start projects, 'reach' was increased by using peer support or buddying to new groups, and by texting teenage parents. Avis and others (2007) stressed the importance of ongoing one-to-one contact with some parents to help them to engage fully with Sure Start, suggesting that peer support from parents who have overcome their own fear of groups might be effective.

Barlow and others (2004) concluded the best way to ensure maximum engagement, was to ask parents what they wanted, to invest enough time and emotional energy into

working with the parent so that they trust the staff, to develop new and imaginative approaches for groups less likely to engage (such as teenagers and illiterate people), and to keep offering help, so that when a parent has the time to reflect whether or not they would like to take up a service, they know the door is still open.

Although most parents said they started to attend early years groups for the benefit of their child, they only continued attending if they directly benefited themselves, through the chance to socialise or get involved in activities (Ghate and Hazel 2002, Sheppard and others 2008).

Service providers tended to blame parents for not using their services, blaming their lack of confidence or motivation, rather than the way the service was organised in terms of timing, access or cultural or religious barriers, NESS (2007) found.

In summary, research has found that the key factors encouraging parents to continue attending semi-formal services are:

- one-to-one extended help through home visits for more timid parents or those most wary of authority, to enable them to develop trust in the agency before expecting them to attend groups in a centre
- assertive outreach as required – including contacting parents before and after group meetings, arranging befrienders to accompany parents to groups, and imaginative ways of contacting parents least likely to be users, such as texting teenagers
- ease of practical access – providing transport, flexible timing of sessions
- providing childcare
- the agency having a respectful, responsive and collaborative attitude towards parents that empowers them and makes sessions fun
- the agency being prepared to find an acceptable way to marry parents' expressed needs and their own objectives.

2.6 Dangerous areas

Several studies of parents in poor areas referred to parents' perception of danger in their neighbourhood and how this affected their use of services. Gill, Tanner and Bland (2000)

pointed to the greater importance of the neighbourhood for poor families who do not have a car or money to spend on physical security. Fear of illegal drugs and drug-dealing was palpably common in that neighbourhood¹².

“For many of the parents there was a palpable sense of the area and their families being submerged by drug-taking and its attendant fears.” (Gill, Tanner and Bland 2000:89)

In such a ‘threatening environment’, some parents worried about who they might meet at a group and get into conflict with, which could deter them from going out or attending local groups (Avis and others 2007: 207).

Across Britain, Ghate and Hazel found parents complaining about problems in poor neighbourhoods:

“The picture... certainly confirms what we already know about poor areas – they are considered physically dirty and degraded, crime-ridden, dangerous and generally unpleasant by those that (sic) live in them.” (Ghate and Hazel 2002:87)

Analysing the impact of community on parents and children, Jack and Gill (2003) noted that both generations could experience considerable fear from local dangers, such as crime, drugs and harassment, leading some parents to focus on leaving. Although one aim of Sure Start was to help parents build their skills and strengthen the local community, Avis and others (2007) found some parents built up their job-related skills with a view to moving out, largely because of such fears.

Conversely, Ghate and Hazel (2002) found that parents living in less-poor areas (and feeling supported) were far more likely to view their neighbourhood positively. Perhaps two groups of factors come into play regarding attitude to neighbourhood – material and psychological factors. Material factors include prevalence of crime, graffiti and disorderly behaviour in the area, coupled with household poverty, which can make it hard to travel out of the area. Psychological factors include stress from poverty, unsuitable housing, ill-health and insufficient support, which may be associated with Malaise and its accompanying negative mind-set.

¹² It was mentioned spontaneously by 39% of the 62 families.

2.7 Conclusion

Up until 2002 there had been relatively little detailed research into parents' use of semi-formal, mainly group-based early years services. Emerging themes were that, for parents to become engaged, services should be inclusive, relevant, accessible, timely and unthreatening. Since then much more research has been carried out, particularly evaluations of services run by family centres and Sure Start projects.

A key point of this study is to adopt parents' rather than agencies' perspective. This ties in with a relatively recent trend in research, and helps in particular to discover why parents do not use services. One reason can be that parents' felt needs may be quite different to those ascribed to them by agencies or the government, who may have their own agenda (such as encouraging parents into employment, an aim introduced into Sure Start after it started). With more information on what sort of service non-users and low-users want, if indeed they want any service at all, agencies should be better able to meet parents' actual needs and preferences.

As well as the need to know more about non-use of semi-formal groups, there is a dearth of information about drop-out after one or two uses. Such parents' voices have largely been unheard, meaning that services can miss their mark, leaving many families' needs unmet. Usually any research into low use or non-use is part of an evaluation by the agency itself, which can struggle to find non-users. The partial sample often obtained, either through methodology (such as a focus group) or source (project database of registered non-users of a service), underlines the need for in-depth research with a prospective community sample. Even so the views of non-users unwilling to be interviewed would still be excluded.

Although thin on the ground, studies of non-users indicated their heterogeneity, including both high-need and low-need families. Although Sure Start projects aimed to reach all parents of children under four in their catchment area, this target was not attained and may neither have been achievable nor desirable. Some parents wanted no other service than the traditional sources of support, the health visitor and schoolteacher.

Regular service users are also heterogeneous, several studies have noted, consisting both of high-need and low-need families (Garbers and others 2006, Gibbons 1990, Tunstall and others 2005). However Featherstone and others (2007) have questioned how discrete

such types of user were, observing that parents could move from one to another over time. This issue is considered in greater depth in Chapter 10.

There was considerable agreement between the studies about the main types of barriers and enablers to service use. Since 2002, the importance of social and psychological barriers has been highlighted in almost all the studies considered, yet these had barely been acknowledged before (except for the parent-worker relationship).

An important enabler highlighted by research is that, to retain users, groups need to make parents feel good – attendance should be enjoyable, empowering and useful. Services have moved towards being more acceptable to parents, less stigmatising and more informal and accessible. Increasingly, agencies have found they engage better with parents when they regard them as partners, whom they respect and work with collaboratively. The patronising ‘we know best’ attitude, characteristic of the ‘client/surveillance’ model of welfare provision, is not acceptable:

“Parents want to be acknowledged as experts on their own lives, and active agents who must be listened to and involved with planning services.” (Page 2002:10)

In one part of Australia, the possibility of parents contributing to the official performance measurement of services has been explored¹³ (Cortis 2007).

Lastly it should be remembered that, although many agencies have historically offered groups as a main option, for many parents the barriers to using groups are too high. Parents wanting help with a family problem preferred to receive it as information, then through home visits, with groupwork coming in third place (Quinton 2004). Wiggins and others (2004) also found that parents preferred one-to-one support over groupwork. Groupwork is not the preferred option for parents seeking help.

¹³ Parents identified five domains for assessing family support services: feeling different, applying learned strategies, changing relationships with authorities and institutions, increasing bonds with others, and feeling equal in service delivery (Cortis 2007).

Chapter 3

Input/Output Model of Parenting

3.1 Introduction

In this chapter, an input/output model of parenting is described, taking into account many variables that research has shown to be associated with how much difficulty parents have in carrying out their task (Appendix 1). In this way the most disadvantaged parents could be identified, so that their pattern of use or non-use of early years groups could be ascertained.

Parenting theory has travelled far since the 1960s, from psychological determinism to material determinism through phenomenology to the active agent model. Along the way, social support has risen in prominence and parental psychology has taken its place alongside other factors, acting as an intervening variable between parents' history and current circumstances, and their parenting behaviour.

This study is based on the ecological model of parenting (Bronfenbrenner 1979, Belsky 1980), whereby factors at the individual, family, and neighbourhood level are considered. However, elements are also drawn from the active agent model (Williams, Popay and Oakley 1992) which views parents as individuals coping with different levels of resources (including support) and stress. This approach was recommended by Titterton (1989) to take account both of the constraints of personal, social and material resources while at the same time considering the choices an individual makes, their active role in shaping their own future.

In both models, support has increasingly been recognised as playing an important role, but the concept has been used rather elastically and measured in several different ways (Oakley 1992). Parent psychological factors have also resumed some prominence, following the discrediting of the psychological pathology model of the 1960s and early 1970s, which attributed child abuse to parents having abnormal psychology. It is recognised that parents with equal levels of stress and support may cope differently, depending on their mental health and psychological make-up. But rather than blaming

poor parenting on a parent's inherent psychology, it is recognised that a parent's poor mental health and negative attitudes (for example towards support) may be associated with family-level and neighbourhood-level factors, often material ones.

A brief overview of these parenting models, the rise of importance of social support and parent psychology, and British studies of which factors were associated with parenting difficulty in poor areas, can be found in Appendix 1. This overview allowed the identification of key factors in parenting, along with two global subjective measures, which were drawn from a large national study *Parenting in Poor Environments* (Ghate and Hazel 2002) - how well parents considered they were coping and whether they needed more support.

Following a brief consideration of the influence of societal sexism, racism and 'classism' on discussions of parenting in Britain, an input/output model of parenting will be outlined in order to provide a framework for the variables which will be explored in relation to parents' use of early years groups.

3.2 Parenting, gender and identity

General social ideology permeates research, policy and practice in social welfare through sexism, racism and 'classism'¹. As regards sexism, there has been increasing concern that responsibility for parenting is seen to fall disproportionately on women's shoulders:

"Use of the gender-neutral term 'parenting' in contemporary policy language disguises the fact that it is predominantly mothers who maintain primary responsibility for the day-to-day care of their children..." (Gillies 2005a:76)

Professionals concerned about children tend to work chiefly with mothers not fathers (Cleaver, Unell and Aldgate 1999, Farmer and Owen 2000, Featherstone 2004), including in situations where the mother is subject to domestic abuse (Featherstone and Peckover 2007, Lapierre 2008).

The respondents for this study were pre-determined, inasmuch as they were drawn from a sample of 'main carers' of children aged 0-13 months, who were interviewed in 2000 as

¹ 'Classism' is used to denote discrimination on the grounds of socio-economic class.

part of the Sure Start baseline survey, 95% of whom were mothers. As the prime aim was to find out what factors affected parents' use of early years groups, and it was expected that it would almost always be the main carer who would take the study child to such a group², this study is based on interviews predominantly with mothers.

One important development in the field of family research has been consistent with feminism's challenge to the patriarchal value of employment being prioritised as more important than unpaid work in society, particularly care of children, older people and those who are ill or disabled. This has been the highlighting of the 'care ethic', whereby many people prioritise their care responsibilities over their need to earn income from employment (Williams 2004a, 2004b). This is a value system parallel to the 'work ethic', which perhaps should more correctly be named the 'employment ethic'.

Sargent (1999) has pointed out how 'classist' and racist attitudes have prevailed in child welfare, with 'high risk' criteria being socially discriminatory. Child-rearing methods idealised by social workers and other professionals have been criticised as strongly white and middle-class (Baird and Hall 1985), with working-class parenting tending to be pathologised (Gewirz 2001, Gillies 2005b, Reay 1999, Skeggs 1997).

Other identity issues, involving ethnicity and culture, were less relevant in this study because all the respondents interviewed were white and British-born.

3.3 Parenting as a system – The input/output model

Parenting can be envisaged as a system involving a series of inputs and outputs. The outputs necessary for good parenting consist of a range of tasks, behaviours and relationship qualities in respect of the child. Inputs are the resources available to perform these tasks.

3.3.1 Outputs - The role of parent

Parenting consists of a range of tasks, behaviours and relationship qualities (Quinton 2004:27):

² This was borne out in fact, with only one father (a respondent's partner) being reported to have taken a study child to an early years group.

- tasks - for example giving physical care, boundary setting and teaching social behaviour
- behaviours - for example responsiveness, affection and positive regard
- relationship qualities - for example giving emotional security and secure attachment

A widely-used parenting text lists the responsibilities and tasks for parents (Table 3.1).

Table 3.1: Parenting tasks (after Pugh, De'Ath and Smith 1994)

Parenting Tasks	
Responsibility	What parents have to do and provide
Give physical care	Feeding, shelter, rest, health and protection
Give affection	Expressed overt physical and verbal warmth and comfort
Give positive regard	Give approval, sensitivity to signals, responsiveness
Provide emotional security	Consistent and predictable warmth, sensitivity and comfort
Set boundaries	Clear statements on what is acceptable, good supervision
Allow room to develop	Provide and allow challenges within the child's capability
Teach social behaviour	Model reliability, reasonableness and assertiveness
Help develop skills	Encourage learning and exploration, be responsive in play
Help cognitive development	Reading, constructive play, monitor schooling
Facilitate social activity	Facilitate peer contact and provide new experiences

The role of parent is even more demanding than this list implies, as all tasks must be completed in a way that is:

“age-appropriate, modified to the needs and temperaments of different children, adapted to resources and circumstances and, nowadays, usually in the context of outside work as well.” (Quinton 2004:26)

Parents also perform other roles, including caring for others, employment or volunteer responsibilities. Parents with a lower ‘task burden’ were identified by Garbarino (1976) as being ‘free from drain’ and a social resource to others in the neighbourhood.

3.3.2 Parent outputs – The parental task burden

In the model, factors affecting parental outputs in relation to a particular child are termed the parental task burden and include:

- number of children and young people in the household, whether any of these are step-children, and the amount of lone childcare the parent is responsible for
- parent's extra care responsibilities arising from the health problems or disability of anyone inside or outside the household (including themselves), which affect their childcare
- employment, study and volunteering commitments
- the study child's health, behaviour, any long-term health condition, growth and development problems.

3.3.3 Inputs – Parents' resources

The ecological model, taking full account of social support, parental psychology and childhood experiences, outlines the range of inputs to parenting. Belsky and Vondra (1989) drew up a process model which covered parenting factors associated with child abuse: parental personality, parental developmental history, marital relationship, social network, employment, and the child's own characteristics (including health and personality). In addition Quinton and Rutter (1988) suggested the following extra ecological factors as important in whether parenting broke down or not: socio-economic status (particularly poverty) and material resources, physical environment, parenting history (age at which they first had children, number of children, 'difficult' children), parental physical health, history of their relationship with the child, and expanding parental 'personality' to include mental health and cognitive skills. Genetics was also important, these authors pointed out, in conjunction with life circumstances, as some individuals have a genetic predisposition to certain conditions such as schizophrenia, criminality or alcoholism, which can be triggered by particular stresses (Quinton and Rutter 1988).

Services are also part of parents' ecology and in some instances can add to parents' stress not reduce it (Moorman and Ball 2001, Quinton 2004).

Parents do not passively depend on what external resources are available, but can influence this availability (Quinton 2004). Some are better at maintaining healthy

relationships which are a source of help rather than a drain, some are better at gaining a higher income for their family. They have to be their own key worker. Support is not just offered on a plate, it may have to be solicited and certainly has to be organised, which requires a considerable amount of skill, time and energy:

“...the great majority of parents function as their own key worker: they analyse and diagnose problems, decide on actions, make contact with appropriate sources of support, try to articulate their needs to those sources and try to resist handing control to others or incurring obligations that cannot be reciprocated.” (Quinton 2004:28-9)

Some people are better at attracting support than others, as Farmer and others (2004) found with foster carers.

3.3.4 Inputs to parenting

Taking account of the factors suggested by Belsky and Vondra (1989) and Quinton and Rutter (1988), and those which the three British studies found were linked with parenting difficulty (Appendix 1), I have drawn up an ‘input’ model of parenting, which shows the range of resources that come into play. These inputs can be divided into the following components for each parent:

- **material and demographic factors** – parent’s age and gender, child’s age and gender, income, social class, access to material goods, housing
- **education** - length/completion, qualifications
- **neighbourhood factors** - length of residence allows parent to discover local family services as well as develop a local social network, whether the neighbourhood is child-friendly
- **support system** - attitudes to support, availability and use of informal support, including childcare, use of semi-formal groups, use of formal/ statutory services
- **parental personal resources** - parent’s mental and physical health and psychology, including the ability to self-care
- **family problems** - current and historical problems for the parent, which can drain or handicap them emotionally.

3.3.5 Parent's relationship with the study child

An important element of the parenting model concerns the relationship between the parent and study child.

- **parent's relationship with the study child** - attitude to pregnancy, child's temperament and behaviour, parent's warmth towards child, child's obedience.

3.3.6 Global parenting measures

The final part of the parenting model concerns the parent's global assessment of how well they are coping and whether they needed more support. These two subjective questions were used at the end of a long questionnaire covering many parenting variables in the national *Parenting in Poor Environments* survey (Ghate and Hazel 2002).

Together, they indicate which parents are finding it difficult to cope and want more help, identifying the disadvantaged families many services are trying to reach.

3.4 Parenting – Conclusion

This study adopts the ecological approach to parenting, fully recognising the role of social support and parental psychology within this, along with the active role parents can play in attracting and using resources.

Factors associated with parenting difficulty in Britain have been drawn from three studies conducted between 1990 and 2002 (Gibbons 1990: Gill, Tanner and Bland 2000: Ghate and Hazel 2002), and the role of poverty, neighbourhood and parents' mothers as supporters were highlighted.

An input-output systems model of parenting has been outlined, consisting of parental resources and tasks. These tasks and resources, along with two subjective global measures of parenting – how well the parent is coping and how well-supported they feel, - will be explored in relation to parents' use or non-use of early years groups.

✓

Chapter 4

Methodology

In this chapter the research proposal, epistemology and ontology, methodology, design, methods and measures used are described, along with methods of analysis.

4.1 Origins of the research

Devised jointly by Professor Elaine Farmer of Bristol University's School of Social Work and Margaret Boushel, manager of a 'Trailblazer' Sure Start project and formerly lecturer in Social Work at Bristol University, the original title of the research proposal was: 'The acceptability, use and outcomes of support services for vulnerable young children and their parents.' It was funded by the Economic and Social Research Council, Barnardo's (which ran the Sure Start project), and Bristol University School for Policy Studies.

The proposal was made against a background of research showing that psychological, social and cognitive problems in children start early, and tend to be closely linked with poor parent-child relationships, poor parental supports and self-esteem, social deprivation and poor cognitive stimulation of children (Belsky and Vondra 1989). Unaddressed, behaviour problems and low cognitive skills in young children can lead to long-term problems such as unemployment, crime and mental illness which are difficult for the individual and costly for the state. In 1999 the Department for Education and Employment published proposals for Sure Start, a £540 million multi-agency intervention project for deprived areas "to promote the physical, intellectual and social development of pre-school children – particularly those who are disadvantaged – to ensure they are ready to thrive when they start school" (DfEE 1999).

Despite the wealth of factors shown to be associated with poor cognitive skills and behaviour in young children, there was a dearth of evidence about 'what works' in family support intervention, particularly with children deemed 'vulnerable'. Even less was known about which interventions were acceptable to their parents (Barlow 1997,

Macdonald and Roberts 1995, Durlak 1997), particularly those deemed by agencies as 'hard-to-reach' (Farmer and Owen 1995).

The original proposal noted:

"Studies have shown that some disadvantaged parents are hard for statutory services to reach and engage but self-referral parenting skills programmes also have difficulty in reaching socially deprived families and there are high drop-out rates from programmes which might help them." (Boushel and Farmer 1999)

Some British studies (Gibbons 1990: Gill, Tanner and Bland 2000) have found that nearly half of parents had never used semi-formal services, and disadvantaged parents were the least likely to use them, despite potentially having much to gain, a finding that was later confirmed by the national *Parenting in Poor Environments* survey (Ghate and Hazel 2002).

The key question was how best to identify and reach the most disadvantaged young children and their parents, and how to meet their needs acceptably. When I started this study, there had been little research into why this should be. Even when evaluations of local Sure Start projects were later published, few non-users were interviewed to discover their reasons for not using semi-formal services (see Chapter 2). There was therefore a gap in research – to find out from a community sample why some parents, particularly from disadvantaged families, did not use semi-formal services.

4.2 Modifications to the research proposal

In order to narrow the focus of the study, I decided to concentrate on early years groups rather than one-to-one semi-formal services. The former were the major type offered by the Sure Start project in the study area. In addition, a terminological and a methodological modification were made to the original research proposal.

I abandoned the use of the term 'vulnerable' to describe the children. Although it had initially been proposed that a group of 'vulnerable' children be distinguished from 'non-vulnerable' children to compare their use of semi-formal services, I found this term was not acceptable to Sure Start staff who were local parents. They took exception to the idea that children could be classed as 'vulnerable' simply because they came from low-income families (Department of Health 2000), believing this cast a slur on the children's

parents. This made me realise that 'vulnerable', a term used by policy-makers and practitioners to describe many sections of the population at that time (as it still is, in 2010), may not be acceptable to those so described. At a time when efforts were being made to use respectful and 'politically correct' terms, 'vulnerable' seemed to have slipped through the net¹. Some studies use the terms high-need and low-need families (Coe and others 2008, Fonagy 1996, Ireys and others 2001, Ghate and Hazel 2002), indicating families' level of need for help from services; however there can be a difference between the level of need ascribed to parents by agencies or researchers and the level felt by parents themselves. Generally, I have preferred to use the term 'disadvantaged' to signify any depletion of resources (including material, social or health) which could potentially make the demanding occupation of parenting young children, more difficult. The term is either used specifically, such as financially advantaged or socially disadvantaged, or more generally, for instance if a parent experiences multiple disadvantages – such as low income, poor health and housing, no qualifications.

The proposers of this research envisaged selecting and comparing samples of 30 'vulnerable' and 30 'non-vulnerable' children from the 301 identified in the local Sure Start baseline survey. Even if the term 'disadvantaged' were substituted for 'vulnerable', in order to obtain sufficient numbers of children for this study, it proved necessary to interview the parents of a whole cohort of children from the baseline survey. In order to ensure they had similar levels of exposure to Sure Start and other early years groups before starting nursery class, the youngest cohort was chosen.

4.3 Research Aims and Questions

The aims for this study were two-fold:

¹ After conducting discourse analysis on the changing use of 'vulnerable' in research, the media and British and European Union social policy, I concluded that 'vulnerable' had come to be used in Britain as a shorthand term for adults relying on the state for their income and children from poor families largely dependent on the state. It was part of the Social Inclusion Discourse described by Levitas (1998), where the underlying economic assumption was that everyone should be employed; those who were not were termed 'vulnerable' (Jones 2004). To cover such diverse groups, the term had changed from being used as a specific adjective to an elastic noun, as a result becoming increasingly useless conceptually.

1. To investigate which factors are related to parents' use or non-use of Sure Start and other early years groups.
2. To examine if disadvantaged parents use early years groups less than more advantaged parents.

The associated research questions were as follows:

1. What are the social, economic and other characteristics of families, including parents' sense of wellbeing, which affect how much they use early years groups?
2. What are parents' perceptions and experiences of early years groups?
3. What are the main enablers and barriers to the use of early years groups?
4. How does the use of Sure Start groups compare with the use of other early years groups?

As other early years groups also existed in the study area alongside Sure Start groups, both types were included in the research in order to discover key barriers and enablers that operate generally, regardless of any particular organisational ethos. This also enabled comparison between the two types.

The first aim was exploratory, intended to generate and expand theory on why parents do or do not use early years groups. The second aim was confirmatory, intended to confirm or rebut previous findings that disadvantaged parents use early years groups less than others.

4.4 Epistemology, Ontology, Methodology and Standpoint

In this section, my theoretical approach to what social knowledge consists of and how it can be accessed is described, along with consequences for the methodology of data collection and analysis chosen to pursue the research aims. The chosen standpoint is also stated.

4.4.1 Epistemology, Ontology and the Qualitative-Quantitative 'Divide'

This research has been carried out from the epistemological position of 'subtle realism' (Hammersley 1992), a position that incorporates some features of realism and some of phenomenology. Ontologically, 'subtle realism' assumes the independent existence of social phenomena (realism) but denies that these can be directly accessed by the researcher faithfully describing them as if in a mirror (as in 'naïve realism'). 'Subtle realism' accepts that different social actors have different views of their social world (phenomenology), and furthermore that each researcher interprets data from his or her own perspective, theoretical, historical or pragmatic. Not only can there be different accounts of the phenomena according to who is studied and what method is used, but the accounts will differ according to the perspective and goals of the researcher.

Hammersley (1992) outlined three main features of his approach. Firstly, knowledge consists of beliefs about whose validity we are reasonably confident, which are compatible with currently-accepted assumptions about the world, where the likelihood of error has been considered given the evidence available. Secondly, the social phenomena studied are independent of the researcher's claims, and thirdly, social research aims to represent reality from a particular point of view, and there can be several valid representations of the same phenomena.

Hammersley (1992) advanced this approach at a time when there was a 'paradigm war' (Gage 1989) between positivism/realism and phenomenology/interpretivism. He believed such dichotomies 'obscure the range of options open to us' (Hammersley 1992: 171) and highlighted the problems of exclusively adopting either position in an ideological way. O'Connell Davidson and Layder (1995: 27) also observed the need to escape from 'the philosophical impasse between positivism and relativism'.

Hammersley (1992) questioned the supposed polar opposition of quantitative and qualitative methods commonly associated, respectively, with positivism and phenomenology, as have other researchers (Brannen 1992, Bryman 1988 and 2008, Robson 2002, Tashakkori and Teddlie 2003, Maxwell and Loomis 2003, Mason 1994). Indeed, some have described the qualitative/quantitative divide as artificial (Brewer and Hunter 1989, Coxon 2005). Bryman (2008) claimed that many key differences commonly claimed between the two types of method are spurious. For instance, qualitative researchers often include quasi-quantitative claims in their data such as 'most'

or 'often'. Both approaches can test as well as generate theory. Surveys using structured questionnaires, a classic quantitative approach, often ask about attitudes as well as behaviour, and the qualitative method of in-depth interviews cannot be described as 'natural'.

Meanwhile quantitative and qualitative methods show many similarities (Hardy and Bryman 2004). Both are concerned with data reduction (by statistics or theme analysis), answering research questions about the nature of social reality, explaining variation, relating data analysis to the research literature, treating frequency as a springboard for analysis (precise for quantitative and less precise using terms such as 'many' and 'often' for qualitative), transparency of the research process, addressing the possibility of error (significance levels in statistical analysis, 'good fit' between concepts and evidence for qualitative analysis), and avoiding deliberate distortion.

Rather than researchers believing they are at a crossroads with a one-off ideological decision to make, Hammersley (1992) compared the research process to a maze, where many different decisions are made at different stages. The key reasons for choosing a method should be pragmatic (Adamson 2005, Hammersley 1992), and should depend on the research questions being asked (Bryman 2008) and on the breadth and level of precision required in the answers (Hammersley 1992).

Whichever method is chosen, its truth claims should be judged on the adequacy of the evidence to sustain them (Hammersley 1992), the reliability and validity of quantitative data, the plausibility and credibility of qualitative data, and the relevance of its findings to work in the field or research literature about that topic.

4.4.2 Mixed Methods Research

Different approaches to mixed methods research are described here to provide the context for the description of quantitative and qualitative methods used in this study.

Adopting Hammersley's (1992) 'subtle realism' epistemological approach, this study adopted the mixed methods approach, from a pragmatic rather than a critical realist viewpoint (Adamson 2005), being deemed more capable of obtaining a complete picture than any single method (Brewer and Hunter 2006, Bryman 1992) which is particularly appropriate to applied areas of research such as this (Baum 1995). From this stance, what

is crucial to choosing a research method is the research question it is designed to answer (Adamson 2005, Bryman 1992 and 2008, Tashakkori and Teddlie 2003). One advantage of using both types of method is that this accommodates the interplay between structure and agency, between the correlation of quantitative variables and the exploration and description of how individual decisions are made (Moran-Ellis and others 2006, Rogers and Nicholaas 1998).

However two warnings have to be borne in mind regarding mixed methods research. Although collecting quantitative and qualitative data may produce a more complete picture, care should be taken not to violate the methodological assumptions of each method (Morse 2003). Meanwhile, from a more practical point of view, Morgan (1998) warned of the time and effort involved in completing both a qualitative and quantitative piece of work, then in connecting what was learned from each.

Hammersley (1996) pointed to three types of mixed methods research – triangulation, facilitation and complementarity. In triangulation, different methods seek to answer the same research question, allowing one method to correct the biases of another. Convergence of results brings confirmation (Campbell and Fiske 1959, Denzin 1970 and 1978b, Webb and others 1966). Where divergence is found, this has sometimes been ignored (Jahoda 1992), or faults found in one of the methods or in the theoretical assumptions. However triangulation is often not possible as quantitative and qualitative methods tend to yield different types of data.

Facilitation allows one research strategy to be used to help research using the other strategy, whereas complementarity allows the strengths of each method to be used to address different aspects of an investigation (Hammersley 1996). Advocating complementarity, Robson (2002) describing a 'hybrid' approach, where the qualitative method is used in a fixed design, which can allow statistical generalizability and both structure and process to be discerned.

More recently, Creswell and Plano Clark (2007) have systematically highlighted the different factors involved in choosing a mixed methods design: objective, weighting, timing, type of mixing and stage of mixing. They identified four major types of mixed methods design (Table 4.1).

Table 4.1 *Types of Mixed Methods Designs (based on Creswell and Plano Clark 2007: 85)*

Design type	No. of research questions	Purpose	Timing	Weighting	Data Mixing	
					Type	Stage
Triangulation	1	Check for convergent or divergent results	Concurrent	Usually equal	Merge data	Analysis or Interpretation
Exploratory	1	Develop instrument or taxonomy	Sequential (qual. then quant)	Usually qualtv.	Connect data	Between the two phases
Explanatory	1	To select participants or explain quantitative findings	Sequential (quant. then qual.)	Usually quantv.	Connect data	Between the two phases
Embedded	2	Use different methods to answer different questions	Concurrent or Sequential	Unequal	Embed 1 type of data in larger design using other type	Collection, Analysis or Interpretation

Triangulated designs involve different methods seeking to answer the same research question. Exploratory designs involve the results of the first, usually qualitative, method being used to help develop or inform the second method. The explanatory design involves the results of the second, usually qualitative, method being used to help explain or elaborate the initial quantitative results. Embedded designs involve one method being embedded in the other more dominant method, each method designed to answer different research questions. Integration can occur at the stage of data collection, analysis, or only during the final interpretation.

The advantages of mixed methods research are various. They can produce findings that are unobtainable from monomethod analysis, particularly when the qualitative and quantitative data relate to the same cases (O’Cathain and others 2007). They can test out the acceptability and accuracy of standardised questions (Adamson and others 2004), unanticipated definitions can surface (Cicourel 1964), and ‘trigger’ questions can spark off interesting and deep discussions about topics of interest (Adamson and others 2004).

Finally, Weinholz and others (1995) pointed to the crucial 'salvaging' value of some qualitative data in predominantly quantitative studies. Sometimes, when quantitative findings are not significant, qualitative findings can illuminate differences which the questionnaire did not investigate. They can also explain the mechanisms by which variables may be associated.

4.4.3 Quantitizing qualitative data

Much qualitative data is quantitized, if only implicitly. Bryman (2008) outlined three types of quantification - implicit, quasi- and explicit. Implicit quantification, where the frequency of themes being mentioned determines their selection, occurs in most qualitative data analysis. Quasi-quantification is also very common; it refers to the approximate prevalence of themes, using descriptors like 'often' and 'some'. Explicit quantification, for instance counting the prevalence of themes, is less common. This last strategy combats one criticism of qualitative research, that it can appear to be anecdotal, too impressionistic and subjective about what is important, and also that it lacks transparency (Bryman 2008). Quantitizing qualitative data could be regarded as an attempt at rigour, making data and categorical schemes as public and replicable as possible (Denzin 1978b).

Early exponents of quantitizing qualitative data were Becker and others (1961) who studied medical college student cultures using largely qualitative methods, including participant observation. Acknowledging that such findings can appear unreliable, these authors believed it was important to show systematically how conclusions had been reached.

Similarly, Silverman (1985) advocated the value of counting as it made the process of qualitative data analysis more transparent, enabling readers to assess how representative the extracts quoted were of the sample interviewed and how warranted the claims that were made:

"Such counting helps to avoid the temptation to use merely supportive gobbets of information to support the researcher's interpretation. It gives a picture of the whole sample in summary form."
(Silverman 1985: 17, 140)

Counting and aggregating qualitative themes allows the 'contours' of the study group to be delineated, indicating its members' range of characteristics and experiences (Mason 1994).

Different ways of explicitly quantifying qualitative data include:

- counting the frequency of themes and calculating their percentage as part of the whole, that is their effect size (Onwuebguzie and Teddlie 2003)
- binarizing themes (as to their presence or absence) and calculating their effect size (Onwuebguzie and Teddlie 2003)
- dividing themes into different sections according to content, such as positive and negative, or source (such as activity or statement), counting them and calculating their effect size (Becker and others 1961, Teddlie and others 1989)
- correlating quantified qualitative themes with quantitative variables (Becker and others 1961, Crone and Teddlie 1995, Silverman 1984)
- deriving a new taxonomy from merging quantitative and qualitative variables (Becker and others 1961, Caracelli and Greene 1993)

But how much importance should be attributed to these quantifications? Some researchers have subjected quantitized qualitative themes to statistical analysis; for instance Crone and Teddlie (1995) used a Chi-Square test to identify themes characterising more and less effective schools. However Mason (1994) pointed out that the prevalence of themes arising during qualitative interviewing cannot be regarded as a complete account, as reported experiences do not necessarily represent objective realities. Unlike in a questionnaire survey, participants are not all asked the same questions, which violates the rules for statistical tests. The themes originated after the analysis not before, and the fact that some participants may not have mentioned a theme does not mean it was not a reality for them. (In my analysis, I use the term 'volunteered variables' to distinguish these from the variables where information was routinely obtained from every respondent.)

In summary, any counting of qualitative data must be based on a sound conceptual basis and caution should be employed in using any figures so produced; they may enhance and strengthen the qualitative analysis but can only play a suggestive role (Silverman 1985).

4.4.4 Standpoint

My approach to this study was that it should be conducted from the standpoint of parents, not service providers. In order to find out what parents liked and did not like about groups, which ones they found acceptable and which they did not, it felt imperative to see things from their point of view. I therefore do not employ terms such as 'hard to reach' parents (except when reviewing the research of those who employ this term), a term commonly used by agencies. This position of adopting parents' perspective rather than service providers' has grown in the last few years, but was not common when I started this study, as Ghate and Hazel noted (2002).

4.4.5 Summary of epistemology, ontology, methodological approach and standpoint

To summarise, a 'subtle realist' epistemological position has been adopted for this research, which regards social phenomena as having an independent existence but which views perceptions of these phenomena as varying according to the position of the individuals involved, and to the particular perspective of the researcher. Pragmatically, the research questions dictated the research methods, and both qualitative and quantitative methods were used.

This mixed methods approach was felt to be appropriate to the research questions and to be more capable of accounting for both structure and agency, allowing quantitative correlation of variables associated with use of early years groups as well as investigation of themes important to the parents concerned. In addition, the qualitative data were explicitly quantitized, in order to make the distribution of themes in the sample more transparent and, through correlation and integration with quantitative data, to maximise the value of the mixed methods approach.

The standpoint of parents has been adopted in order to better understand parents' experience of and attitudes towards early years groups.

4.5 Research Design – Overall Strategy

The research design was a concurrent mixed methods study in which the quantitative method was primary, dictating sample selection and the majority of questions. A

qualitative section was embedded within the structured questionnaire, enabling both types of data to be obtained from the same participants at the same time. The two methods were initially aimed at complementarity, answering different research questions (Hammersley 1996). However, as analysis proceeded and the quantitative data did not satisfactorily answer research question 1, variables from both data sets were integrated to produce a taxonomy which provided a much more satisfactory explanation of which parents used early years groups and which did not, justifying the case for a mixed methods study. For purposes of triangulation, two sources of data on parents' use of Sure Start groups were obtained – parents and the project's database.

On the ground, the overall strategy for this research was to interview parents of children who had started nursery class and were in a position to reflect on their perceptions, use and experiences of early years groups. Parents living in a Sure Start area were chosen in order to compare Sure Start groups with pre-existing early years groups. Specific research methods were chosen to answer each research question, as detailed below. These consisted of a face-to-face interview with parents which combined formal structured questions on parenting variables and frequency of early years group use, with an in-depth section of open questions on perception and experiences of early years groups. As the respondents were drawn from a sample first interviewed when their study children were in their first year of life, some historical data on parenting variables were available for secondary analysis. Although much research is cross-sectional, this allowed a historical perspective of data relevant to the research questions.

4.6 Research Design - Questions, Methods and Analysis

The methodological approach of this study was pragmatic, to choose whichever method was deemed most appropriate to yield the required type of data (Chapter 4.4.5). A combination of quantitative and qualitative methods was chosen to answer the research questions (Table 4.2). In brief, the following types of data and analysis were chosen for each Research Question:

Question 1 – What family characteristics affect how much use they make of early years groups? Initially, quantitative data alone were used to answer this. Owing to this analysis not yielding a satisfactory answer to this question, quantitative and qualitative data were used to construct variables (parent clusters) associated with different levels of group use.

Question 2 – What are parents' perceptions and experiences of early years groups? This was answered through qualitative data alone, quantitized to indicate the prevalence of themes and their positive and negative components.

Question 3 – What are the main enablers and barriers to the use of early years groups? This involved the use of quantitative data about frequency of group use and parents' rating of groups, correlated with qualitative data on themes, which were binarised into positive and negative components (respectively enablers and barriers to group use).

Question 4 – How does the use of Sure Start groups compare with the use of other early years groups? This involved the analysis of quantitative data on frequency of use and parents' rating for the different types of groups, and the correlation of these with quantitative parenting variables to identify whether high users of Sure Start groups differed from high users of pre-existing groups.

Table 4.2 Research Methods used in this study allied to the Research Questions

Research Questions (Chapter in which it is answered)	Research Methods (relate to Stage 2 - 2003/4 unless otherwise stated)						
	Qualitative	Quantitization of qualitative themes		Quantitative			
	Thematic	Count of prevalence of themes, & of positive & negative sub-themes	Frequency of group use and parents' rating of groups, linked with positive and negative themes	Secondary analysis of 2000 data	Survey of parenting variables & measures (objective & subjective)	Parent-reported frequency of group use	Sure Start-reported frequency of group use ²
1 What are the characteristics of families, including parents' sense of wellbeing, which affect how much use they make of early years groups?							
1a) Initial analysis (Ch. 7)				Yes	Yes	Yes	Taken into account
1b) Final analysis (Ch. 10)	Yes			Yes	Yes	Yes	
2. What are parents' perceptions and experiences of early years groups? (Ch. 8)	Yes	Yes					
3. What are the main enablers and barriers to the use of early years groups? (Ch. 9)		Yes	Yes			Yes	
4. How does the use of Sure Start groups compare with the use of other early years groups? (Chs. 6,7,8,9)				Yes	Yes	Yes	Partly taken into account

² A difference between frequency of use reported by both measures affected the delineation of high and low attenders. This was a divergent result from triangulation.

Each question is now considered in turn, with an explanation of why the research method was chosen, along with the analysis technique associated with it. Details of each method are then discussed (Chapter 4.7).

4.6.1 Research Question 1 - What are the social, economic and other characteristics of families, including parents' sense of wellbeing, which affect how much they use early years groups?

A structured questionnaire survey of parents was chosen as the best way to find out about the many variables deemed relevant to parenting and therefore possibly to parents' use of early years groups. Although this relied entirely on parents as the source of information, no other source for all the variables was available; this approach was adopted by the national *Parenting in Poor Environments* survey (Ghate and Hazel 2002). A large body of previous research had identified a range of variables which were related to parenting (Chapter 3 and Appendix 1), so it was felt that structured questions with showcard answers and tick-box categories were an appropriate way to glean this information. Although these were researcher's categories and attempted to fit individual experiences into pre-determined expectations (O'Connell Davidson and Layder 1994), the wide range reduced the chance of imposing my own theories on the research (Haralambos and Holborn 1991).

However, it was recognised that there are drawbacks to such surveys. They tend to assume determinism, that human behaviour is caused by external force and that causality is one-way and linear (de Vaus 1990), whereas other models such as interactive causality may be more appropriate (Hughes 1998). Also, such surveys can measure incidence of a phenomenon regardless of severity or combination with other behaviours, and different respondents may understand the same question differently (Haralambos and Holborn 1991). However, provided the pitfalls of accuracy, validity and reliability are acknowledged and the researcher is critical, reflexive and competent, structured surveys can be valuable at pointing to broad regularities which other methods may miss (O'Connell Davidson and Layder 1994).

Wherever possible, established measures were employed which are accepted by the academic community (Smeeton and Goda 2003), and many were the same as those used by Ghate and Hazel (2002), so that the data would be comparable with this national survey and the representativeness of this small sample could be checked. The core

questions were those asked of the same respondents in the Sure Start baseline study of 2000, so that data were comparable across the two time periods, allowing a historical perspective where relevant. Where possible, both objective and subjective measures were used, acknowledging the role of internal meaning for respondents as well as external criteria (Marsh and others 1999). Also concepts (such as support) were operationalised in different ways to attain content validity, thus adopting the multi-method, multi-measure approach recommended by Brewer and Hunter (1989).

It was decided that this survey should be carried out face-to-face in order to maximise the response rate, because postal surveys usually result in a lower response rate and the questionnaire was considered too long for self-completion (Haralambos and Holborn 1991).

As regards finding out how often parents used early years groups, two sources of data were sought – the parents themselves and, as their memories could not be expected to be accurate, for Sure Start groups with parents' consent, the project's database. It became clear that neither source could be relied upon for accuracy (Chapter 4.15). However, as no such database existed for other early years groups, the only measure available for all groups was parent-reported frequency. Parents were accordingly divided into high and low group users according to a threshold designed to minimise the inaccuracy (Chapter 4.15.2).

Data on frequency of attendance was then correlated with the parenting variables, using statistical tests appropriate to the sample size, to discover if there were any significant associations.

4.6.2 Research Question 2 - What are parents' perceptions and experiences of early years groups?

When I commenced this study, there was no systematic and comprehensive research base on why parents did or did not use early years groups, only a handful of themes suggested in a few studies (Chapter 2.2). Since then most work has consisted of service evaluations, particularly Sure Start evaluations, which have tended to ignore non-users. Therefore answering this research question was exploratory research and the qualitative technique of in-depth interviewing seemed the most appropriate as it would allow parents' own categories to emerge in the analysis, as interpreted by myself (O'Connell Davidson and

Layder 1994). I decided to incorporate a series of open questions about parents' views and experiences of early years groups in the questionnaire survey used to answer Question 1, so that information could be obtained from the same respondents.

However, because structured questionnaire interviewing required a more formal style and the in-depth interviewing required an informal style, some adjustments had to be made. The in-depth section was placed near the end of the interview so that rapport could have been built up with the parent. Also a more informal style of interviewing was adopted throughout, with respondents being encouraged to expand on their answers to the structured questionnaire if they wished to, and their responses noted verbatim (in shorthand). This showed respondents that I was interested in their experiences and feelings, not just in ticking boxes, and enabled the transition to in-depth interviewing later in the interview to be achieved more easily. However it also resulted in some of the answers to the structured questions being more difficult to code as they did not fit precisely into the pre-coded answers.

In order to gain a clear idea of which themes were the most prevalent, this qualitative analysis was quantified. The number of times a theme was mentioned was counted, so that the most important type could be examined in detail. Also the number of parents mentioning the theme was noted, to assess its prevalence in the sample. Within the main theme, the overlap of different negative sub-themes was also quantified, to indicate the latent effect size of an underlying phenomenon (Onwuegbuzie and Teddlie 2003), fearfulness of groups.

4.6.3 Research Question 3 - What are the main enablers and barriers to the use of early years groups?

This question was answered by quantizing the qualitative data obtained to answer Research Question 3. Each qualitative theme was divided into positive and negative components so that factors encouraging (enablers) and discouraging (barriers) the use of early years groups could be identified. To assess which were the main enablers and barriers, an average attendance was calculated for each, as was the proportion of nil and one-off attendances. A more qualitative measure was also taken into account – how highly or poorly the parent rated the group in comparison with others.

No statistical tests could be carried out on this quantified data because parents were not systematically questioned on all themes, but volunteered them, violating a precondition for statistical testing (Mason 1994). Caution was particularly needed when interpreting results based on a small number of cases.

4.6.4 Research Question 4 – How does the use of Sure Start groups compare with other early years groups?

This question was addressed through structured questions asked during the interview. Parents were asked which groups they attended, what sort of groups these were, how often they attended and which group they rated as their 'best' and 'worst'. This enabled the frequency of use and parents' ratings of Sure Start groups to be compared with other early years groups. How parents found out about the two types of group was also contrasted.

High users of both types of group were also compared and their characteristics identified through association with the range of parenting variables, using appropriate statistical tests. The division of high and low group users was based on parent reports but pitched to minimise the inaccuracy highlighted by triangulation with Sure Start database records.

4.6.5 Consolidation of qualitative and quantitative data in the final analysis

As the answer to Question 1 provided by analysing the quantitative data did not prove wholly satisfactory, a further analysis was carried out which incorporated concepts from the qualitative analysis, a technique termed data consolidation (Onwuegbuzie and Teddlie 2003, O'Cathain and others 2007). Key criteria obtained from qualitative data (whether parents were 'fearful' of groups, and whether they keenly wanted to move to a less 'rough' area) and quantitative data (whether parents were high or low group users, and whether they had in fact moved to a less 'rough' area) were used to divide the sample into parent clusters, which were then associated with the quantitative parenting variables to test the clusters for distinctiveness. This test of coverage, distinctiveness and exclusivity of the clusters provided an empirical justification for this new typology (Constas 1992). These clusters proved far more distinctive than simply dividing parents into high and low users of groups, because they distinguished between different types of high and low users. This showed that the implicit assumption underlying this research, that only disadvantaged families were low users of early years group, was only partly correct; many parents with high wellbeing were also low users of groups.

4.6.6 Overcoming the threats to validity of a concurrent mixed methods design

This multi-method study involved merging qualitative and quantitative methods at the data collection, analysis and interpretation stages. Three potential threats to validity of a concurrent design were overcome (Creswell and Plano Clark 2007): quantitative data were transformed into categorical data (dichotomous variables in this case) before being related with qualitative data (where key themes were also transformed into dichotomous variables), the same participants were used as sources for both types of data, and the transformation of qualitative data was kept simple (counts and percentages). Issues arising from transforming qualitative data were also considered. Creswell and Plano Clark (2007) warned that code counts should be adjusted for the number of participants, and that over-inflation of counts due to highly verbal or repetitive research participants, should be guarded against. In this study, the unit of analysis for code counts was generally each group a parent made a decision about. Repeated comments made by one parent about the same group did not inflate the count, but it was recognised that some parents had a particular response to a number of groups, which could inflate that code (when number of parents was the unit of analysis). As a result, counts were also made of the number of parents making that response about any group, to gain a clearer idea of incidence in the population. This allowed the relation between different themes to be explored for parents, for instance the cluster of barriers involving relations with others in a group (peer factor barriers).

4.7 Overview of Research Methods chosen for this Study

The main method used in this study was a follow-up interview with parents who had first been interviewed as part of the Sure Start baseline survey in the study area by MORI in 2000. This follow-up interview in 2003/4 is termed Stage 2, with the baseline interview carried out by MORI in 2000 as Stage 1. The sample chosen for Stage 2 were parents of the youngest cohort of children, aged up to 12 months in 2000 at Stage 1, who would have had maximum exposure to the Sure Start project alongside other early years groups. In each case, the 'main carer' of the child in 2000 was selected as the 'parent' to be interviewed.

This interview consisted both of quantitative and qualitative sections, allowing group attendance to be explored for statistical associations with parenting variables and analysing the themes that parents volunteered.

In addition secondary analysis of some of the Stage 1 data was carried out, correlating certain historic parenting variables with use of early years groups. With parents' permission, the Sure Start project database was also accessed as an additional source on frequency of use of early years groups.

These methods were supplemented by my attendance at the monthly multi-agency Sure Start team meetings for two years. This, along with findings from the literature review, gave me insight into which factors the team of professionals and paraprofessionals thought relevant to why parents used or did not use early years groups, enabling me to construct a 'rough guide'; this helped me select the major topics for the initial thematic analysis, which were amended as analysis proceeded.

4.8 Stage 1 - The 2000 Sure Start baseline survey

Questions for the baseline survey were developed by Bristol University School for Policy Studies and Barnardo's representatives, in consultation with the Sure Start project's interdisciplinary evaluation group (Boushel, Burton and Burns 2003). Data was gathered on household circumstances, parents' perceptions, activities and approaches, their expressed needs and goals, knowledge of formal and semi-formal services, and use of both these and informal support. MORI was commissioned to carry out the survey.

Well-established measures were used in this survey to ensure the findings would be as robust as possible, for instance the Malaise inventory to measure mental health (Rutter and others 1970). Other measures used included measures of social exclusion, child health and parenting used in the Avon Longitudinal Study of Parents and Children (ALSPAC 2002) consisting of 14,000 pregnant mothers enrolled in 1991-2.

4.8.1 Stage 1 Interview - Choice of sample

For the baseline survey, just under a third of the estimated 1,000 main carers of children under four in the Sure Start catchment area were interviewed in January and February 2000. For each interview an index child under four was selected. The 301 index children represented 23% of the 1,300 under-fours in the area; their 301 main carers represented 30% of the main carers of under-fours in the area. Questionnaire interviews were conducted in the family home during the daytime.

In 2000, interviews were conducted with a stratified household quota sample. The initial selection of families was geographically clustered (Arber 1993), then respondents were chosen so that roughly equal numbers of each year-group of children under four were represented. As there was no sampling frame available, streets rich in young children were chosen from census data according to postcode (Boushel, Burton and Burns 2004). Starting from 12 different locations, a team of seven interviewers went to these streets and knocked on every third door, asking if there was an under-four in the house. If there was, the child was the right age and the parent agreed, the interview went ahead. If there were no under-four in the household, the interviewer had to knock on doors each side to ask if there was one there. If more than one child under-four in the household fitted the quota, the interviewer was asked to choose the child who most recently had had a birthday.

4.8.2 Stage 1 Interview - Interviewers' introduction and parents' consent for further interview

Respondents had no notice in advance that they would be asked to take part in the 100-question survey, but were informed of its purpose at the beginning and re-assured that information collected would be kept strictly confidential and any findings published would not identify any particular person or family.

On average the 100-question interview took 43 minutes to complete. Almost all questions consisted of pre-coded answers, many on showcards. At the end of the interview, parents were asked if they would be willing to be re-interviewed by Bristol University in the future; 88% of parents said they would.

4.8.3 Stage 1 Interview - Sources of non-sampling error

Sources of non-sampling error which meant it was not a random sample were as follows:

- Geographical clustering occurred, as interviewers focused on child-rich streets. In each street, no more than one interview could be conducted for every three houses, so all households did not have an equal chance of being included.
- Study children were less likely to come from households containing more than one child under four, because only one could be chosen per household, although

parents were equally likely to be selected whether they had one or more children of this age.

- Households homeless at the time of the survey, perhaps temporarily staying with a friend or relative, were not included. Such parents may have had particular difficulties in accessing services.
- Under-fours living elsewhere at the time of the survey, whether voluntarily (through a private arrangement with friends/relatives) or statutorily (if a placement had been arranged by social services), were not included. This will have excluded some parents whose views on services might have been of particular interest.
- Refusals. According to MORI, “only a handful” of parents refused the baseline interview, although no actual records were kept (Stevens 2001). It is possible that ‘refusers’ differed from the general population of parents, but the reportedly small number reduces this concern.
- Some differences between the sample and general population of parents of under-fours may not, of course, be apparent. For example, it is quite likely that some parents involved in illegal or socially-unacceptable activities – from domestic violence to benefit fraud or extensive drug or alcohol use – might have not answered the door or might have refused the first interview, wishing to avoid any spotlight on their activities, and fearful of any consequences for their parenting.
- Some families where parents were out a great deal, working or otherwise, would quite simply not have been in when MORI interviewers called, even though calls were made at different times of the day. Parents in prison or hospital would also have been excluded.
- No fee or vouchers were offered for the interviews in this baseline survey. This may have affected whether some were willing to spend the time giving the interview.

Although this sample was large as far as the general population of families containing under-fours in the study area was concerned (30%) and the number of local children of that age (23%), it was not a true random sample. The above factors will have biased the sample, excluding some of the parents deemed 'hard-to-reach' by agencies, which this study was particularly aimed at. But it was the closest the researchers could get to a random sample, given resource constraints, and the sources of error were common to such household quota samples (Arber 1993). Its large size relative to the population should mean that any statistical findings could be regarded as strongly indicative, if not reliably generalisable.

4.9 Stage 2 - The 2003/4 Survey

4.9.1 Stage 2 Interview – Initial selection of sample

Parents of the youngest cohort of children interviewed in 2000 were selected for the Stage 2 interview in 2003/4 because these children would have had the maximum exposure to the Sure Start project in the study area, which only started in 2000 and took some time to build its activities. Also, by 2003/4 these children would have started their state schooling and largely finished attending early years groups of all types.

However, because of high attrition rates rates (Chapter 4.9.9) and the need for a large-enough sample to warrant statistical analysis, this cohort had to be expanded from children under one to include children of 12 and 13 months of age.

4.9.2 Stage 2 Interview - Questionnaire and recording of answers

A questionnaire was assembled using many of the questions from the baseline survey, plus additional ones (Appendices 2, 3 and 4). As already stated (Chapter 4.6.1 and 4.6.2) these included tick-box questions with showcard answers covering variables relevant to parenting, and open questions about what parents had liked and disliked about early years groups. The flavour of the interview was more informal than the baseline survey interview, and I encouraged parents to expand on topics as they wished, in order to gain a deeper understanding of their situation. The in-depth section came quite late in the interview, to accommodate the in-depth section. I encouraged parents to tell me in as much detail as possible about groups they had considered attending, why they had or had not gone, what they thought of them and why they stopped going if they had attended.

I recorded these in-depth answers and any extra comments in shorthand on the questionnaire, explaining to respondents what I was doing. I believed they might feel less threatened than by a tape-recorder, and it eliminated any possible technical problems. Provided I typed up the shorthand notes within 24 hours, this method proved effective, and very few words were undecipherable. As the in-depth section of the interview consisted of a series of open questions asked in the same order, making the notes did not hinder the framing of questions. It was also considerably quicker to type up notes from shorthand than from a taped interview.

4.9.3 Stage 2 Interview - Pilot interviews

Four pilot interviews were carried out in spring 2003 with parents of children under-four who used the Sure Start project. As a result, some adjustments and omissions were made to the questionnaire.

4.9.4 Stage 2 Interview - Contacting parents

Only parents who had agreed to future contact by Bristol University, were contacted in 2003/4. This was a difficult and time-consuming process, and, together with the interviews, took from August 2003 to May 2004 on a part-time basis. Up to seven steps were involved in each case. These were:

- Writing a letter to each respondent at the address provided in 2000, including a tear-off slip and post-paid envelope (two were returned).
- Telephoning the respondent on the number provided in 2000 (only four out of 17 respondents were successfully contacted; 15 had been landline numbers and many respondents had moved).
- Manually checking the Electoral Roll for 2002 for addresses provided in 2000 (not all addresses were listed for public view).
- Checking, with supervisors' permission, the paid-for website 192.com for telephone numbers and 2002 Electoral Roll details, searching on partial and full name and address.

- Repeating the above search of the website 192.com when the 2003 Electoral Roll details had been added.
- For respondents living in social housing in 2000 who had not responded perhaps because they had moved, writing a letter to be forwarded by the local authority Housing Department (again with a tear-off slip and post-paid envelope). This procedure was repeated. Out of 45 letters sent to 32 respondents, only four responded (two each time).
- Visiting the address and, if the respondent no longer lived there, asking if the current occupier knew where they had moved. I showed my identity card and offered my letter of authorisation at each address.

In addition, it could take several attempts to make contact with the respondent, arrange and complete the interview. I visited parents in the daytime and evening during weekdays, but sometimes they were out, busy or they or one of their children was sick. In one case, it took five visits before the interview could be carried out.

Of the first 63 respondents I tried to contact, only 16 (25%) were still at the same address, 15 (24%) had moved within the study area, eight (13%) had moved elsewhere, and I could not confirm where the remaining 24 (38%) were living. Only four of 17 respondents were still contactable on their 2000 telephone number, and five had changed their surname.

Copies of letters sent to respondents, along with the information sheet can be found in Appendix 5.

4.9.5 Stage 2 Interview – Place and length of interviews

All but two of the interviews were carried out in respondents' homes. I carried a mobile telephone with me for personal safety, but only used it if delayed by traffic from arriving on time.

Parents were asked at the end of the interview if they would like to be informed of the study's findings; most said 'Yes'.

On average each interview took nearly two hours (118 minutes), ranging from 75 to 190 minutes in length. None of the Stage 1 interviews had taken over an hour.

4.9.6 Stage 2 Interview – Conditional confidentiality, fee and consent

At the beginning of each interview, respondents were told that any information they provided would be kept confidential and used only for research purposes. However confidentiality was conditional, for child protection reasons. They were told:

“All the information I collect will be kept in strictest confidence and only used for research. It won’t be possible to identify any particular person, family or address in the results. The only situation in which I might have to give information to someone else is if I thought a child was in danger.”

Although respondents agreed this was necessary, there is no way of knowing how much this could have affected their attitude towards me and towards what they told me. Most respondents seemed very open in talking about their lives as parents, but some were more circumscribed and this warning might have contributed towards this reticence (Hornsby-Smith 1993).

Respondents were asked to sign a consent form at the beginning of the interview and were given a copy of this agreement to keep. They were told the interview would take at least an hour and were offered a £10 fee to compensate for their time, an amount which would not jeopardise receipt of state benefits. In the handful of interviews where a rapport did not seem to develop between myself and the parent, I felt the fee might have made the difference to them agreeing to be interviewed. Two respondents, both working full-time, refused the fee.

Parents were told they could choose not to answer any questions. None did so.

In order to keep the data anonymous, details of respondents’ names and addresses were kept in a locked cabinet. Respondents were allocated a number and nickname, in order that I could instantly remember who they were. Care has been taken in writing up not to give too many details of individual families, to prevent them from being identified.

4.9.7 Stage 2 Interview – Interviewer bias

Interviewer bias is recognised as affecting the reliability of data obtained (Fielding 1993: Haralambos and Holborn 1991: Robson 1993). In this study there was quite a gap in life experience between myself, a middle-aged middle-class white woman living in a small market town, and the respondents. Although all were white and all but one female, their average age was 30 and most were from working-class backgrounds, living on a large social housing estate in a poor urban area. However, I am experienced at interviewing all sorts of people, in a Citizens Advice Bureau and as a newspaper reporter, and can usually establish good rapport. I have six years' experience of working with families in difficulty as a social worker, in a refuge and in domestic abuse outreach work.

Also I am a parent of two. Using the parent cluster categories identified in this research, I would identify myself as a 'struggler' at some points in my children's early lives, suffering from depression and poverty-line income. In the past I have also suffered domestic abuse. I did not face interviewees devoid of understanding about what it is like to struggle. Nevertheless the age and class gap may have affected some respondents; whereas most interviewees were friendly and open, some were more reserved.

4.9.8 Stage 2 Interview - Refusals

Five parents refused the follow-up interview, four by phone saying they were too busy; reasons included moving house, having a new baby and employment. The fifth had agreed to an interview but later refused. In another case a younger sister made an appointment for the respondent to be interviewed at the family home, but she did not turn up. The sister explained that, like herself, the respondent was a drug addict and rarely answered the door of her own home. This could illustrate the wariness of a substance-dependent mother about being interviewed, or the difficulty in organising her life to meet appointments.

4.9.9 Stage 2 Interview – Attrition rates

Parents of the youngest cohort of children were selected from the Stage 1 survey for follow-up. For statistical purposes, I had been advised that I should conduct at least 30 interviews.

First of all, study children were drawn from those aged under one year at the time of the baseline survey. Of the 72 in this cohort, 63 parents agreed in 2000 to a further interview,

of whom only 24 could be traced and interviewed a second time. To bring the number up to 30, I therefore contacted parents of study children aged 12 and 13 months at the time of the baseline survey. There were 11 of these, of whom 10 had agreed to be re-interviewed in 2000, and successful interviews were carried out with six.

Therefore, out of 83 parents interviewed in 2000, 73 of whom agreed in principle to a further interview, successful second interviews were conducted with 30. This was 36% of the 13-month cohort and 41% of those who had agreed to be re-interviewed. The high attrition rate was largely due to the three- to four-year gap between interviews and the difficulty in tracing respondents.

Although some questions concerned the study children directly, what they liked and disliked about early years groups and their cognitive and behaviour skills, it was decided to ask their parents to answer these questions on their behalf. I was advised that children may have under-performed on a cognitive test conducted by a stranger such as myself. Also, children so young may not have remembered the different groups they had attended, and it was their parents' views I was canvassing in order to find out what factors affected decisions about attending groups.

4.10 Estimating the bias

How generalisable are the results of this study? First, the representativeness of the Stage 1 sample is discussed, then the Stage 2 sample, the 30 parents interviewed in 2003/4.

4.10.1 Estimating the bias for the Stage 1 sample

The ways in which non-sampling error might have biased the initial sample of 301 parents of children under four has been discussed. Certain groups, such as full-time working parents, would have been under-represented, as most probably would parents affected by alcohol or drug abuse, petty crime or domestic violence. It would have been particularly useful to discover these parents' views on what kind of groups and services were acceptable, as they would be classed by many services as 'hard to reach'. On the other hand, a strength of the Stage 1 survey was that a relatively large proportion, 30% of the target population of parents under-fours in the study area, was interviewed, with only a small number of refusals.

This high response rate reduced the need to compare responders with non-responders for routine information to check for representativeness in the study area (Smeeton and Goda 2003). To assess whether the sample was representative of parents in poor areas in Britain more generally, the demographics were compared with the national *Parenting in Poor Environments* (PPE) study of over 1,700 parents (Ghate and Hazel 2002) (Table 4.3). Study children in the PPE study ranged in age up to 16, whereas the oldest study children in the Stage 1 survey were three years old. This difference in age (parents in the PPE study were on average five years older and their study children nearly three years older) may have accounted for some of the differences.

For the 19 variables compared, eight showed a difference of more than 10% between the two samples (these are highlighted in bold in Table 4.3). These included variables that might have been affected by the PPE sample containing fewer households with pre-school children, for instance the PPE sample had a higher employment rate of parents and, as a consequence, higher social class of households. Also more PPE parents were coping well (though this difference fell below 10% when only PPE households containing under-fives were considered). Parents in the national survey were more likely to have been home-owners and to have moved house less often, two factors which are recognised nationally as being associated (ONS 1999). The only other major differences were that the national PPE sample were more likely to have no qualifications and both parents and children were more likely to have had long-term health problems, which may have been related to their higher age.

Table 4.3 Comparison for key variables of Stage 1 study area sample with national 'Parenting in Poor Environments' (Ghate & Hazel 2002) sample

Variable ³ (relates to parent unless otherwise specified)	Study area Stage 1 sample (2000) (N = 301)		PPE sample (N = 1,754)
	N	%	% ⁴
Female	286	95	92
White British	286	95	89
Employed	69	23	43
Household social class – A-C2	81	27	54
Owner-occupier	48	16	32
Not moved house in last 5 years	75	25	45
Access to car or van	175	58	56
Receiving Income Support	144	48	50
No qualification	96	32	43
GCSE qualification only	154	51	41
Post-16 qualification	51	17	16
Lone parent	120	40	39
Fairly/very good health	286	95	84
Long-term health problem	27	9	40
Physical health problem	135	45	40
Coping well	99	33	46
Well-supported	150	50	53
Study child – good/very good health	277	92	93
Study child – long-term health problem	33	11	40
Study child – health problem limits daily activities	33	11 ⁵	13

For the other variables tested, results were similar for both samples, leading to the conclusion that the study area Stage 1 sample was reasonably representative of parents living in poor areas in Britain.

³ For variables in rows highlighted in bold, the difference between the two samples was more than 10%.

⁴ Numbers not given.

⁵ Any child in household.

4.10.2 Estimating the bias for the Stage 2 sample

To assess whether the 30 parents interviewed for this study fairly represented the 83-strong cohort from which they were drawn, a series of statistical tests was carried out on the Stage 1 data. The 30 responders were compared with the 53 non-responders (Smeeton and Goda 2003), using the Chi-square test where the variables were binary, and the Mann-Whitney U test where the variables were ordinal or numerical. There was no significant difference ($p < 0.05$) between responders and non-responders for the following parental variables:

- gender
- age
- ethnic identity
- employment
- partner's employment
- social class of household
- receipt of Income Support (total reliance on state benefit)
- housing tenure
- GCSE or post-16 qualification
- number of moves in the previous five years
- view of their neighbourhood as a place for rearing young children
- lone or dual parent
- length of relationship with resident partner, where applicable
- whether any relationships caused them anger or upset
- whether they had given any help to informal contacts in the previous three months
- satisfaction with childcare
- whether they had needed any more support with child-rearing
- overall health
- smoker
- alcohol drinker.

Nor was there any significant difference ($p < 0.05$) for the following study child variables:

- child's health over the previous year

- whether the child was breast-fed.

However there were significant differences for three variables and borderline differences for two more. Responders came from higher-income households than non-responders (Mann-Whitney $U = 432.5$, $Z = -2.136$, $r = 0.235$, $p = 0.033$, $N = 72$), averaging £8,870 a year compared to £6,760 for non-responders, nearly one-third higher. Other differences are shown in Table 4.4.

Table 4.4 Differences between Stage 2 responders and non-responders

<i>Variable (2000)</i>	<i>Stage 2 Responders (N=30) N (%)</i>	<i>Stage 2 Non- Responders (N=53) N (%)</i>	<i>Chi-Square test</i>	
			<i>Chi-Square statistic (df⁶)</i>	<i>Significance level (p)</i>
Very satisfied with home	10 (33)	4 (7)	9.084 (1)	0.005
High Malaise score (8+)	10 (33)	7 (13)	4.764 (1)	0.046
Lived in study area all life	14 (47)	13 (24)	4.278 (1)	0.052
Saw self as 'very good parent'	15 (58)	16 (33)	4.049 (1)	0.064

Overall, then, the 30 parents re-interviewed in 2003/4 were generally representative of the 83-strong cohort. Stage 2 responders were more likely to be very satisfied with their homes and to have lived in the study area all their lives, which probably made them less likely to move and therefore easier to find in 2003/4.

Responders were more likely to have had a high Malaise score in 2000. Such parents gave significantly longer interviews in 2000 (Mann-Whitney $U=46.5$, $Z=-2.380$, $r=0.434$, $p=0.017$, $N=30$). Perhaps such parents might value more than those in better mental health, the chance to talk with a sympathetic interviewer at length about family life.

The marginally significant association between parents valuing themselves highly as parents and being Stage 2 responders, may tie in with being more interested in discussing

⁶ df = degrees of freedom.

their parenting with an interviewer. Parents with a poorer opinion of their competence might not have wanted to submit themselves to a further interview.

A conclusion that can be drawn from the above findings is that the best chance of securing interviews with all types of parents (including poorer ones, those who are more geographically mobile and those who do not rate their own parenting so highly) is to approach them without notice and interview them just once. However, although this may have been practicable for the 40-minute showcard and tick-box interviews, it would probably have been too much to expect parents to agree to immediate interviews that would last for an average of two hours and involve in-depth reflection.

4.11 Association with Sure Start project

4.11.1 Attendance at Sure Start team meetings and other events

I was invited to attend Sure Start monthly team meetings to acquaint myself with the project in the study area, which I did for two years. This enabled me to understand how the project worked, the challenges it faced and successes it achieved. At each meeting I introduced myself as a post-graduate student carrying out research on parents and services. In addition, I attended training and other events.

Analysis of issues discussed during the first year of team meetings, provided useful background information for drawing up a 'rough guide' to factors affecting parents' decisions on whether or not to attend and continue attending groups (in addition to factors highlighted by research prior to 2002).

4.11.2 Access to the Sure Start database on attendance by study children

In order to triangulate information (Denzin 1978a, Hammersley 1996) on how many Sure Start groups parents attended with their study children, I sought permission from parents to check whether or not their study child was registered on the Sure Start database, which groups the child had attended and how often. Where parents said their child had not registered with Sure Start, I did not usually request this permission, as it would have seemed in 'bad faith' to disbelieve them. For the 23 children where project information was available there were considerable differences in attendance as reported by the parent and by the Sure Start database. This issue is discussed in more detail (Chapter 4.15), and

serves to warn against relying totally on either parents or the database as a sole source of information.

4.12 Coding

The quantitative data were coded using SPSS software, ensuring that codes were mutually exclusive, exhaustive and applied consistently (Gilbert 1993). I then compiled one-page pen-portraits of each parent, summarising in a series of boxes all the major factors. These proved an invaluable quick source of reference thereafter, particularly when considering which parents belonged to which cluster.

Qualitative coding was carried out using NVIVO software. Initially, themes were based on categories suggested by previous research (Chapter 3) and listening to Sure Start team discussions. These were augmented through a 'coding up' process, in which categories derived from the parents' comments through analytic induction (Manning 1982), themselves generated 'grounded theory' (Strauss and Corbin 1990).

For instance, the number of comments about groups being 'cliquey' and parents 'not knowing anyone' enlarged the mother-peer factor category beyond my expectations, dwarfing in number the comments about practical access. In addition, some themes such as the concept of 'rough' (applying to people, groups, schools and neighbourhoods), which kept recurring in the interviews, were also coded. It became evident that the desire of some parents to leave 'rough' neighbourhoods was very strong and became one of the key criteria for distinguishing between parent clusters.

4.13 Quotations – Anonymising respondents

Where parents' comments are quoted, their words are followed by their identity number, such as 'Parent1', then the paragraph number relating to the transcript of their interview. Where the comment concerns attending a group, brief details of how often they attended, what sort of group it was and whether it was their 'best' or 'worst', may be added. For instance, a quote may be followed by: *(Parent10: 358: attended 70 times, best group)*.

4.14 Measures

The first step in operationalizing a concept is to define it tightly, ensuring that indicators are reliable and valid (de Vaus 1990). To achieve reliability, answers should be true, stable and consistent, with efforts being made as far as possible to eliminate error and bias on the part both of the interviewer and respondent (Robson 1993); this has been considered earlier. Validity involves ensuring the indicators do measure the concept accurately and fully. Each measure can produce systematic biases, which should be taken into account (Brewer and Hunter 1989). Wherever possible, measures used in this study were well-recognised, to ensure criterion validity, and/or were used in research to which the findings of this study were to be compared - primarily the national *Parenting in Poor Environments* survey (Ghate and Hazel 2002). Where possible with key measures such as social support and income, I used alternatives to ensure content validity.

Most of the measures were self-reported, a method with the drawback that the respondent's account may not fit actions because of poor recall or the desire to give a 'socially acceptable' answer (Fielding 1993). This is taken into account in the analysis. Details of the major measures are given below. The sources of others are detailed on the front page of the main questionnaire (Appendix 2) and in Chapter 5.

4.14.1 Social class and household income measures

Social class measure

I decided to employ the same social class measure as was used by MORI during the Stage 1 survey, in order to make the findings comparable. This was the Market Research Society's classification as described in documents such as the *Communities in Control White Paper* (CLG 2008).

Equivalised household income – McClements score

Recently, there has been increasing interest in using measures of equivalised income that adjust household income to take account of the number of people in the household, and their age. A widely-used such measure is the McClements Formula (McClements 1977), which involves calculating the McClements score. Each household member is allocated a score according to their age (for instance 0.61 for the first adult, 0.39 for their partner, 0.09 for a child under one and 0.23 for a 10-year-old) and the scores are added together to produce the household McClements' score.

The household's annual net income is then divided by the McClements score to produce the equivalised income⁷. In this case the net income was taken to be the mid-point of the household's income band. The sample was then divided into five quintiles, keeping together households on the same income. The national *PPE* study (Ghate and Hazel 2002) used this measure.

Subjective measures of poverty

Marsh and others (1999) found a subjective measure of income to be as if not more valid than raw household income. Two are included in this study, how easy or difficult it was for parents to afford items for their children and how often they worried about money.

4.14.2 Measures of informal help received

The Stage 1 survey used the Arizona Social Support Interview Schedule (ASSIS) measure of support, which detailed types of help received and who from. The national *Parenting in Poor Environments* study (Ghate and Hazel 2002) used a different measure, covering types of help received but not who from; I term this the PPE measure. I included questions that would cover both these measures, for comparison purposes. The two measures are described in detail in Appendix 6.

4.14.3 Mental health and psychology measures

The Malaise Inventory (Rutter and others 1970), developed by the Institute of Psychiatry from the Cornell Medical Index, was used as the measure of mental health. A score of eight or more counted as a high score; such respondents are at higher risk of suffering depression. Parents filled in this 24-question questionnaire themselves during the interview (except those who asked me to fill it in). (In the Stage 1 interview, the interviewer had filled in this questionnaire for them.)

The three self-esteem questions were taken from the National Evaluation of Sure Start (NESS) pilot questionnaire, from which additional questions on self-efficacy, planfulness and locus of control were also derived.

⁷ Although this did not take account of housing costs, which would reduce disposable income more for parents paying a large mortgage.

The five-question home order score was based on the Household Chaos, Hubbub and Order Scale, which was used in the National Sure Start Impact Study pilot parent interview, and adapted from the *Millennium Cohort Study Pilot 1* (National Centre for Social Research 2001).

4.14.4 Current Family Problems Questionnaire (CPQ)

This 23-item questionnaire was used for the *Parenting in Poor Environments* study (Ghate and Hazel 2002), and adapted from the 28-item Difficult Life Circumstances Questionnaire (Mitchell and others 1998). It counts the number of acute and chronic stressors in the parent's life, but takes no account of their seriousness. Included in the CPQ score are financial problems, work and housing problems, problems with current and former partners, substance misuse and problems with children involving school, the police or social services.

4.14.5 Child behaviour and progress measures

Two child measures were chosen initially. One was the Goodman's Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997), which is commonly used to assess the extent of behavioural problems among children aged three to 16 (Appendix 4). This measure was used in the Ghate and Hazel study (2002), and also in the Millennium Cohort Study (CLS 2007). It yields a score of between 0 and 30, with validated cut-off points for caseness ('Abnormal' behaviour, scoring 17 and above⁸) and normality (scoring 0-13), with a transition area of 'Borderline' in between (scoring 14-16). The SDQ score can also be used as a continuous variable, as in the Millennium Cohort Study (CLS 2007). It is made up of four components: emotional problems, hyperactivity, conduct problems and peer problems.

The measure for cognitive skills was more difficult to choose. By the time of the second interview in 2003/4, the Government's 'Educational Baseline Measure' for rising-five children was no longer available or appropriate, as some of the study children were only three years old. Choosing between parent- and interviewer-measured instruments, I was advised there were difficulties with both but that a parent-reported measure eliminates the effects of a stranger on a young child. I therefore chose a parent-reported measure used for 57-month-old children by the Avon Longitudinal Study of Parents and Children

⁸ The national Ghate and Hazel (2002) survey termed children showing Abnormal behaviour as 'difficult'.

(ALSPAC 2002); a copy is provided in Appendix 4. This proved appropriate as it distinguished between all grades of ability, from those who could as yet barely count or read to those who were reading and counting quite fluently. However the 18-month age range severely reduced the utility and validity of the measure so it was dropped in the analysis.

4.14.6 Global parenting measures

Two measures were chosen to represent how well the parent was doing in 2003/4, which were directly comparable with those used in the national Ghate and Hazel study (2002). After around two hours reflecting on many aspects of the topic, parents were asked how well they were coping with being a parent. They were also asked if they ever wanted more support with parenting, and if so, how often.

4.15 Measuring High Attendance at Early Years Groups

The ideal way to measure high attendance at early years groups would have been to obtain an accurate source of attendance frequency and correlate it as a continuous variable against the other variables to be tested. This was not possible because it emerged there were considerable differences between the frequency of attendance at Sure Start groups reported by parents and that gleaned from the Sure Start project database. Two decisions had to be made. Which source should be used, given that no project source was available for pre-existing groups or for seven parents as regards Sure Start groups? How should 'high' attenders be distinguished from other parents?

4.15.1 Reliability of parent-reported compared to project-recorded data

Parents were asked which groups they had ever attended with the study child, or had taken the study child to, and how often. Although parents' memory was undoubtedly inaccurate in some cases, particularly regarding how often they had attended, no other measure was available for pre-existing groups.

For Sure Start groups however, and with parents' permission, the accounts of 23 parents were checked against the project's database. The two rarely tallied. Only for four parents did figures match exactly; these parents said they had not been to any Sure Start groups and the project's records confirmed this (Table 4.5).

Although 12 of the 23 parents said they had attended Sure Start groups and Sure Start records said 13 had, only in six cases were these the same parents. Seven parents who said they had not been to any Sure Start groups were apparently mistaken; six had attended between six and 18 times, according to the database. The seventh was a case of ‘mistaken identity’; the mother thought the group she had attended was not a Sure Start one, when it was. A similar phenomenon was also reported by Wiggins and others (2004) when evaluating a post-natal intervention⁹.

Table 4.5: *Differences between parent-reported and project-reported Sure Start group attendance*

Parent-reported Sure Start attendance	Sure Start project record of group attendance			
	None	Some	No information available	Total
None	4	6	7	17
Some	6	7	0	13
Total	10	13	7	30

Six parents who, according to the record had not attended Sure Start groups at all, said they had been an average of 39 times. Even for the seven parents who said, and the Sure Start records agreed, that they had attended, the number of times differed widely - by an average of 43 – half saying more, half saying less.

Through attending Sure Start team meetings for two years, I understood why the project records might have under-estimated attendance. It took some time for staff running groups to accept the need for children present to be registered with Sure Start and the register to be taken at each meeting. Also, attendance data was not always entered onto the database and attendance was sometimes in a younger sibling’s name (necessary if the study child was over four at the time, and therefore no longer eligible for registration). This was broadly confirmed by the project’s three-year report (Boushel and others 2004), which noted that 23% of children and 25% of adults using its services were not registered with the project.

⁹ Of women offered help from community support groups, 29 women said they had taken up the offer, but groups recorded that 26 offers had been taken up; only in 20 cases were these the same women.

The most accurate measure of Sure Start attendance would have been to combine parental and project database reports, taking the higher number in each case (as underestimation seemed more likely in each case than overestimation); Wiggins and others (2004) did this. However, as no official attendance records were available for pre-existing groups, it was decided for the sake of consistency, to rely solely on the number of attendances reported by parents for both types of groups.

4.15.2 Measure of high attendance – Deciding the threshold

There seemed to be no point in drawing a line between children who had attended any groups and those who had attended none, because the Sure Start experience showed that where nil-attendance was claimed by parents, only in four out of 11 known cases was this correct according to the project database. The question was then where to draw the line between parent-reported high and low or no attendance.

Attendance frequency for pre-existing, Sure Start and all groups was examined (Table 4.6).

Table 4.6: Number of attendances at pre-existing, Sure Start and all groups

Attendance frequency	Types of early years groups attended by parent and/or study child		
	Pre-existing N (%)	Sure Start N (%)	All N (%)
0-10	19 (66)	21 (70)	12 (41)
11-20	1 (3)	0 (0)	1 (4)
21+	9 (31)	9 (30)	16 (55)
Total	29 (100)	30 (100)	29 (100)

A parent-reported threshold of 21 was chosen for high attenders for the following reasons:

- Of the parents who said their children had not attended Sure Start groups, but in fact had, none had attended more than 18 times, so they would still fall into the Sure Start low attender category. The same could reasonably be expected to be true of pre-existing groups.

- Acknowledging that parents who did report Sure Start attendance tended to under-report the frequency, with the higher project figure being presumed to be more accurate¹⁰, in no case would they have changed from a low to a high attender or vice versa if the frequency reported in the project's database were used instead.
- Attending more than 20 times involved around five months of weekly attendance (at one group), which is quite a large proportion of the child's life between the ages of 0 and 3 and can be expected to have an impact for the child and parent (if the parent also attended).
- There seemed a natural gap in parent-reported attendances at all groups, between two and 26, with only one child coming between (17 attendances). Whether the threshold for high attendance was drawn at three, 11, 20 or 25 attendances would in fact have made very little difference.

The disadvantages of choosing the threshold of 21 attendances for high attenders were:

- Only nine of the 30 study children attended Sure Start groups more than 20 times (parent- or project-reported), a small figure for tests of statistical significance about their characteristics.
- Several Sure Start groups were designed to be time-limited, to help prevent an inner clique forming which could alienate newcomers from joining (which was indeed a major factor putting parents off groups – Chapters 8 and 9). A parent could attend three six-session family learning groups yet still count as a low attender.

Six parents had attended both Sure Start and pre-existing groups with the study child. Three were high (21+ times) Sure Start attenders, one was a high attender of pre-existing groups and two were high attenders at both types of group.

¹⁰ This was because over-reporting attendance by the project database was unlikely to have happened and not an issue of concern, whereas under-reporting was a major concern in Sure Start's early months.

4.15.3 Measure of high attendance – Continuous or binary variable?

A choice had to be made as to whether to correlate group attendance as a continuous or binary variable i.e. correlate the reported number of attendances in each case or simply divide parents into high and low attenders. The former would have allowed more sensitive statistical testing than a crude and to some extent arbitrary division into high and low attenders. However the accuracy of the number of attendances was questionable, as shown earlier.

Also, using attendance as a continuous variable would have assumed a linear relationship between attendance and other variables, which could not be presumed. High-need parents may have attended groups very little or a great deal; low-need parents may have attended a medium number of times. It was decided therefore to focus on what distinguished high from low/non-attenders. In addition, triangulation had shown that, when both sources of data on attendance frequency were taken into account (parents and the Sure Start database), the 21-plus threshold held for both parent-reported and combined data.

4.15.4 Measure of high attendance chosen

Twenty-one attendances as reported by parents, was chosen as the most reliable threshold for high attendance, which was consistent for both Sure Start and pre-existing groups.

4.16 Statistical analysis

Statistical analysis can detect significant associations between variables or differences between groups. In studies such as this, the point of examining a small sample is to draw some conclusions that might apply to the whole population. However the sample was not randomly drawn and biases resulted from this (discussed in Chapter 4.10). Provided it is acknowledged that some types of family will be over-represented and some under-represented, it is likely that the statistical findings reported in this study are reasonably indicative for families in disadvantaged urban areas such as the study area. Where possible I have compared my findings with those of the national *Parenting in Poor Environments* survey (Ghate and Hazel 2002), and on the whole they reflect them. Where differences have been found, these are highlighted. It was not possible to carry out more sophisticated statistical testing, such as logistic regression analysis, because of the small size of the sample (Peduzzi and others 1999).

4.16.1 Sample size and consequences for statistical testing, p and r values, two-tailed tests and df

The small size of the Stage 2 interview sample (30) posed something of a challenge statistically. To achieve a significant association between two variables or a significant difference between two groups at the standard $p < 0.05$ level, required a very large difference to be shown in the sample¹¹. As a result, to keep the chance of false positives down to less than five in 100, there was a higher chance of Type II errors (false negatives) occurring in the analysis of this sample (Clark-Carter 2004). Some of the associations found in this study to be non-significant (where perhaps $p = 0.05-0.10$) might have been found in a larger study to be significant. Smeeton and Goda (2003) acknowledge this situation in the case of small samples, where differences may not register as significant but are nevertheless of practical importance. Consequently findings with significance levels just above the $p < 0.05$ level are reported; in a larger sample, these might reach statistical significance (Sandelowski 2000). In every case the significance level for two-tailed tests was reported, because this was an exploratory study.

The Statistical Package for the Social Sciences software (SPSS Version 14.0) was used to carry out statistical testing. Some variables were binary, some ordinal and some continuous. Where variables were continuous, the distribution was rarely 'normal' so the more sensitive and powerful parametric statistical tests could not be carried out. All tests, therefore, had to be non-parametric. Where only a very few parents or children occupied a category, such as low birthweight, this was not used as a variable in the analysis.

It is considered as important to know the strength of association between variables as the level of significance of the finding, in order to know if the difference has any practical or theoretical significance (Clark-Carter 2004, Pallant 2005). Strength of association is denoted by r : 0.1 = small effect, explaining 1% of covariance; 0.3 = medium effect, explaining 9% of covariance; 0.5 = large effect, explaining 25% of co-variance. However for most of the statistical tests used in this study (Fisher's Exact and Kruskal-Wallis) no such value was available.

¹¹ For instance in a sample of thousands of parents (Edwards and Gillies 2004), a difference of 4% between one group and another could be significant, but in a 30-strong sample, differences between two equally-sized groups would have to be 35% or more before registering as significant.

The abbreviation *df* is used to denote degrees of freedom in tables showing Kruskal-Wallis and Fisher's Exact test results.

4.16.2 Two binary variables

Where two binary variables were tested for association in the Stage 2 30-parent sample, Fisher's Exact test was used, because numbers were too small for the Chi-Square test. Expected cell counts were less than 10, which would have violated a requirement of the Chi-Square test for two-by-two tables (Pallant 2005). However when a larger number of cases was being analysed (such as comparing 30 responders with 53 non-responders), the Chi-Square test was used.

In some cases continuous or ordinal variables were converted into dummy binary variables, for instance when parents were divided into high and low attenders of groups. Where it was possible and meaningful, the sample was split as close to half as possible for these tests in order to maximise the possible numbers in each cell (Quinton and others 1998).

4.16.3 Binary variables by nominal variables

Where a three-category nominal variable (such as parent cluster) was tested for association with a binary variable, the Chi-Square test was used¹². However, as the expected cell counts in these three-by-two tables were less than five, this test's rules were violated (Clark-Carter 2004, Pallant 2005) and the accuracy of the significance level could only be regarded as indicative rather than absolute, showing which were the key variables distinguishing between the three clusters. Where possible, the Chi-Square significance levels for the binary variables were compared with the Kruskal-Wallis significance levels for the equivalent continuous variables, which were accurate for this sample size. The results of the two tests proved to be very similar (Chapter 10.2), justifying this approach.

4.16.4 Ordinal or continuous variables

Where two continuous or ordinal variables were tested for correlation, and a scattergraph had indicated there was a linear relationship, the non-parametric Kendall's tau-b test was used in preference to Spearman's Rho because it allowed for partial correlation.

¹² Fisher's Exact test could only be employed for two-by-two tables.

4.16.5 Nominal and ordinal or continuous variables

Where two groups of parents were compared as regards an ordinal or continuous variable, the Mann-Whitney U test was used. The Z score obtained for this test was converted into an r value to indicate the strength of association, by dividing it by the square root of the sample size (Clark-Carter 2004).

Where three or more categories of parents were compared as regards an ordinal or continuous variable, the Kruskal-Wallis test was used; this compared the median rank of scores rather than the mean, as the distribution of scores was non-normal. No r value was available for this test but the mean ranking of each group indicated both which groups had higher or lower values of the variable, and the scale of the difference. In addition the difference between mean scores could be calculated. This test was mainly used to compare the three clusters of parents in Chapter 10.

4.17 Analysis of 'volunteered' variables from qualitative section of interview

Qualitative themes which derived from the in-depth section of the interview about parents' experience of early years groups were quantitized in several ways. Parents' comments on particular themes were divided into positive, negative and mixed, in terms of whether they attracted or repelled parents from early years groups, and were counted. In addition these comments on different enablers and barriers to group use were quantitatively associated with how often their child attended a group and how the parents rated it.

Since these themes arose spontaneously from parents in response to an open question, rather than being chosen from a pre-determined list, I term them 'volunteered' variables. For most themes, only a minority of parents recorded a comment, so the normal rules of statistical testing (that a value is coded for each variable for each unit of analysis) would not apply.

One advantage of 'volunteered variables' was that the themes did arise from the respondents rather than the interviewer, and were therefore more meaningful to them than answers selected from showcards, increasing their legitimacy. One disadvantage was that if all parents were not asked closed questions, for instance whether they had

found a group 'cliquey', then some parents who did so may not have volunteered the information, either through poor recall or general reticence, which would have underestimated the incidence of the theme.

Following other researchers who have quantitized qualitative data (Chapter 4.4.3), it was considered useful to portray how widespread the themes were in the community sample, which was largely representative of the local population.

Where the number of comments was small, percentages and means must be treated with caution. Even where the number was larger, the precise figures could not be regarded as generalisable because using 'volunteered variables' is not a statistically validated technique. However they did serve to indicate the relative importance of the different attractions and barriers.

4.18 Identification of parent clusters using variables derived from both the quantitative and qualitative analysis

Parent clusters were identified manually as it was not possible to use multi-factor statistical techniques on such a small sample. After a fortnight of immersion in the 'parent profiles' I had drawn up, the peer factor and multi-factor models of clusters became apparent. In the first three-cluster model, one quantitative and one qualitative variable divided the 30 parents into discrete groups. In the second model, two quantitative and two qualitative variables satisfactorily divided the parents into six clusters. In both cases, frequency of early years group attendance was a key variable.

To characterise the three main clusters in both models, the Chi-square test was used, though caution was necessary when interpreting the results (Chapter 4.16.3, Chapter 10.2).

The cluster of parents of most interest in both models were those with the poorest wellbeing and most disadvantages who needed help but felt unable to access early years groups. By converting each parent cluster in turn into a dichotomous variable, contrasting these parents with all others, the significance level of their distinguishing characteristics could be stated accurately using Fisher's Exact Test (Chapter 10).

4.19 Conclusion

This study adopted an epistemological position of 'subtle realism' (Hammersley 1992) which incorporates some features of realism and some of phenomenology. Through using multiple methods, chiefly the parent interview with its structured and in-depth sections, I sought information from parents about a host of factors which might have affected their views, experiences and use of early years groups. The ways in which certain types of parent were likely to have been over- and under-represented in my sample have been discussed, with the consequence that any findings should be regarded as reasonably indicative rather than accurately generalisable to parents living in poor areas such as the study area. Triangulating parent-reported frequency of using early years groups with the Sure Start project database allowed a more accurate division between high and low attenders than would have been possible from use of either source alone.

In Creswell and Plano's (2007) terms, this study was a concurrent mixed methods design, with qualitative questions embedded within a quantitative questionnaire. The two methods were directed at answering different research questions to obtain a more complete picture of the phenomenon of parents' use and views of early years groups. Both types of data were analysed and interpreted separately. Data transformation occurred, with qualitative data being quantitized; this included counting the incidence of themes and splitting them into positive and negative aspects to portray the frequency of particular barriers and enablers to parents' use of groups. As a further step, qualitative and quantitative data were integrated: positive and negative themes were related to how often parents used groups and how highly they rated them, giving a stronger picture of which were the most potent barriers and enablers to group use.

A further data transformation took place. As the quantitative method failed to satisfactorily answer Research Question 1 about the characteristics of parents who were high and low users of early years groups, two taxonomies (the parent cluster models) deriving from the quantitative and qualitative data sets were assembled which answered this question far more satisfactorily. Although this study had initially been a complementarity study, drawing on different methods to answer different questions (Hammersley 1996), this final stage involved, in Creswell and Plano's (2007) terms, an exploratory design on the data transformation model, drawing on both methods to answer the same research question, concurrently. In effect the qualitative data, in combination

with the quantitative data, 'salvaged' the research (Weinholz and others 1995) as far as this one research question was concerned.

Potential threats to the validity of a concurrent design and to transforming qualitative data by quantifying them were addressed (Creswell and Plano Clark 2007).

The usefulness of quantitizing qualitative variables was shown because the dominant themes about use of early years groups could be accurately identified, as could the main barriers and enablers. The mixed methods approach further proved its strength in the final analysis, when quantitative and qualitative data were combined to characterise different clusters of parents. This in particular allowed identification of a group of multiply-disadvantaged parents who did not access early years groups – the parents many family services are anxious to engage.

Chapter 5

Profile of the Parents and Children

5.1 Introduction

A cohort of children from the 2000 Sure Start baseline survey of the study area was selected, and the parent who was their main carer re-interviewed in 2003/4. This covered 30 of the 83 children (36%) aged 0-13 months in 2000, and 41% of those whose parents had agreed to be re-interviewed.

Parents were asked:

- many of the questions first asked in 2000, to discover current circumstances and assess the 'direction of travel'
- some extra questions to make the study comparable with the national *Parenting in Poor Environments* study (Ghate & Hazel 2002)
- additional questions about background factors to explore possible associations with attendance at early years groups
- a new in-depth section of questions when parents were encouraged to talk in depth about their views and experiences with early years groups.

5.2 Terms used – 'Parent', 'partner' and 'children'

All 30 respondents were a biological parent of the study child, and will be termed 'parent'. 'Partners' refers to those partners resident three or more nights a week with the parent. Other partners are termed 'non-residential partners'. 'Children' are those children and young people aged 18 or under, living in the respondent's home. Only in two cases were these not the biological children of the respondent; one was a grand-daughter, the other a niece.

5.3 Variable types

A great deal of information was collected from each respondent at Stage 2 (2003/4) in order to explore which factors were associated with the use of early years groups. As limited quantitative research had been undertaken on this issue, a wide range of 138 variables was selected. These were grouped according to the input/output parenting model (Chapter 3) into types of parental resources, parental task burden, the parent-child relationship, global parenting measures, and historical and 'journey' variables¹.

The types of factor which might enhance or weaken parental resources were:

- demography, education and neighbourhood
- support system – attitudes to support, availability and use of informal support, including childcare, use of statutory services²
- parental health and psychology
- family problems

The variable types are outlined below.

5.3.1 PARENTAL RESOURCES - Demography, education and neighbourhood

- **Demography** – such as age, gender, social class, income, housing tenure and related subjective measures such as often being worried about money.
- **Education** – including qualifications, school-leaving age and whether the parent had attended any courses since the study child was born.

¹ These took account of families' situation both in 2000 and 2003/4, either cumulative or concerning 'direction of travel' between Stage 1 and 2.

² Use of early years groups was not included in this category, as it was to be examined in its own right (Chapter 6).

- **Neighbourhood** – such as how long the parent had lived in the neighbourhood, whether s/he wanted to move and whether s/he thought the area was good for raising young children.

5.3.2 PARENTAL RESOURCES - Support system

- **Attitudes to support** – how positive the parent felt generally towards support from informal supporters, local workers and professionals.
- **Informal supporters** – such as whether the parent had a resident partner, the warmth and frequency of contact with the parent's own mother and top three supporters, and whether the parent had a large or small network of support.
- **Availability and use of help** – whether the parent felt help was available from informal supporters, how much and how often they used it, how satisfied they were with the childcare they had and whether they wanted more.
- **Professionals** – All study children had seen a family doctor and health visitor, but parents differed on whether they had used social workers, counsellors or been to ante-natal class. Some study children had been referred to a council day nursery.

5.3.3 PARENTAL RESOURCES - Parental health and psychology

- **Parent psychology** – such as how high the parent's self-esteem was and whether they had a high 'home order' score.
- **Parent health** – the parent's physical and emotional health, whether s/he often felt lonely, or was afraid to go out or meet people.

5.3.4 PARENTAL RESOURCES - Family problems

- **Family problems** - the number of family problems the parent had recently experienced.

- **Abuse** - whether the parent had experienced abuse (verbal/sexual/physical), past or present
- **Difficult family change** - whether there had been a major family change for the parent and/or child.

5.3.5 PARENTAL TASK BURDEN

- **Study child** – current health of the study child, any long-term health problem, number of growth or development problems since birth, and current number of behaviour problems.
- **Other commitments** – including the number of children in the home, extra care provided for anyone with health problems, and how many hours the parent worked or studied.

5.3.6 PARENT-CHILD RELATIONSHIP

- **Parent-child relationship** – including positivity towards and active involvement with the child, the parent's strictness and the child's obedience, and whether the child had been breast-fed.

5.3.7 HISTORICAL AND 'JOURNEY' VARIABLES

- **First year of life variables** – such as whether the parent wanted support, parent and child's health, help used and given, social class and benefit-reliance in 2000.
- **'Journey' variables** – variables measured both in 2000 and 2003/4, such as support gap, parent's health and positivity towards the study child.

5.3.8 GLOBAL PARENTING MEASURES

Two measures were chosen to assess how well parents were doing – how well they were coping and whether they felt well-supported. Both were used in the national *Parenting in Poor Environments* survey (Ghate and Hazel 2002).

DESCRIPTIVE ANALYSIS OF VARIABLES

Unless otherwise stated, all variables were measured at the time of the Stage 2 interview in 2003/4, when the study child was aged between three and five.

5.4 Parental Resources - Demography variables

5.4.1 Parent's gender, age and ethnicity

Only one of the 30 parents interviewed in 2003/4 was male, and at that time he said he was not the main carer of the study child. This reflects the overwhelming predominance of mothers in the care of young children in the UK, and means that most findings from this study apply overwhelmingly to mothers rather than fathers. The average age of parents was 30.1 years, ranging from 21 to 47. All 30 respondents were white British.

5.4.2 Mother's age on having the study child

Mothers' average age when the study child was born was 25.5, ranging from 16 to 37³. One in six of the mothers was a teenager when she gave birth to the study child.

5.4.3 Mother's age on having first child

The average age for mothers having their first child was 20.5 years, ranging from 15 to 31. Teenage motherhood seemed 'normal' in the study area, with 16 of the mothers (53%) being teenagers when they had their first child. Nine (30%) were under 18.

5.4.4 Study child's gender, age and ethnicity.

Study children were divided almost equally between boys (14) and girls (16). By the 2003/4 interview, they were aged between three years eight months and five years two months, averaging four years six months. Girls averaged three months younger than the boys. Seventeen children were in the nursery class at primary school (of whom 65% were girls), and thirteen were in the reception class (of whom 62% were boys).

Only two study children had any minority ethnic parentage⁴.

³ This included the wife of the only male respondent.

⁴ For the one dual heritage child who was visibly non-white, ethnicity posed problems in the largely-white study area.

5.4.5 Study child's gestation and birthweight

The average birthweight was 7 pounds 1 ounce, with five babies (17%) being low birthweight (under six pounds). Only two babies were born before 36 weeks' gestation.

5.4.6 Social class of household

As in the 2000 MORI survey, households were categorised according to the occupation of the main income-earner using the Market Research Society's classification⁵:

- A Professionals
- B Shopkeepers, farmers, teachers, white-collar occupations
- C1 Routine, junior non-manual workers, shop assistants, nurses
- C2 Supervisory manual, skilled manual (including bus and lorry-drivers)
- D Semi-skilled and unskilled manual (e.g. van-drivers, fitters, labourers)
- E No-one employed, benefit-dependent

Although a two-way division would normally be between A-B-C1 households and C2-D-E households, a more equal division for this sample was between households headed by those in a non-manual or skilled manual job and others i.e. between A-C2 and D-E households; 43% of parents were A-C2 and 57% D-E (Table 5.1).

Table 5.1 Social class of households

Social class	N	%
A	1	3
B	2	7
C1	3	10
C2	7	23
D	5	17
E	12	40
Total	30	100

5.4.7 Employment status of household

Eighteen of the families (60%) contained an adult who was in employment, while 12 (40%) did not. Whereas one parent and two partners were registered job-seekers in 2000, none were in 2003/4, possibly reflecting the greater availability of employment.

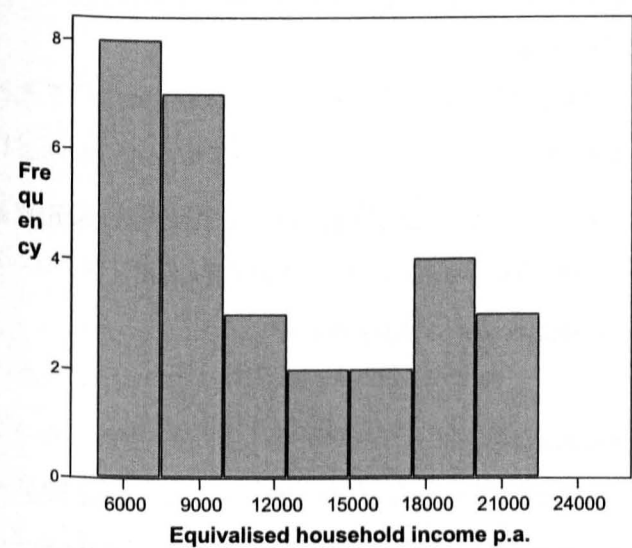
⁵ This is described in documents such as the *Communities in Control White Paper* (CLG 2008)

5.4.8 Household income

Household income band varied greatly, from £80-99 to £500 a week and over. Just over half (55%) the households received less than £300 a week from all income sources, and just under half (45%) received £300 or more a week.

To more accurately reflect the level of disposable income in each household and allow meaningful comparisons between them, the equivalised household income was calculated using the McClements Formula (McClements 1977), described in Chapter 4.14.2. The equivalised household income ranged from £100 to £404 a week, with the median being £175 a week (Fig. 5.1).

Figure 5.1: Equivalised household income (N =29)



The sample was divided into quintiles for weekly equivalised income (Table 5.2)

Table 5.2 Parents’ weekly equivalised income quintiles

Weekly equivalised income quintile	N	%
1 – £100-129/week	5	16
2 - £130-158/week	6	21
3 - £159-232/week	6	21
4 - £233-349/week	6	21
5 - £350-404/week	6	21
Total	29	100

5.4.9 Income Support

Thirteen families (43%) were receiving Income Support, the state benefit paid to families where no adult is employed.

5.4.10 Subjective measures of wealth and poverty

Different families could experience the same levels of income in different ways, some having fewer demands on their finances (such as debt payments), better able to manage them than others, or able to draw on extended family for help. The sample split roughly in half as to whether money was a serious stress. Fourteen parents worried about money often or all the time, and thirteen found it hard to afford items (nutritional food, clothes and toys) for their children. Sixteen parents reported that debt was a current problem.

5.4.11 Car use

Three-quarters of parents (73%⁶) had access to a car, although sometimes it was not available on weekdays if a partner took it to work.

5.4.12 Other household facilities

All families had a washing machine and television in their house or flat. All parents had a mobile phone and 19 (63%) also had a landline. Two-thirds of the families had a computer at home, but only 11 (37%) were connected to the internet.

5.4.13 Housing tenure, problems and satisfaction

Seven parents (23%) were buying their homes on a mortgage, the rest were tenants of a housing association. All were living in houses, except three tenants who occupied flats. Nearly three-quarters (N=22) were satisfied with their housing. However half wanted to move house.

Parents reported up to five problems with their accommodation, averaging 1.5 each. Just over one-third (37%) had no problems and the same proportion had three or more. By far the most common problem, affecting 13 parents, was too little space indoors: over a third of households (35%) had more than one person per habitable room. No room to play outside was the next most-reported problem (N=6), followed by heating difficulties (N=5) and condensation (N=5).

⁶ 19 of 26 parents asked.

5.5 Parental Resources - Education

5.5.1 Parent's qualifications

Nine parents (31%) had no qualification, nine (31%) had GCSEs only, and eleven (38%) had a qualification at a higher level. One did not know her results, having left home because of abuse.

5.5.2 School-leaving age and interrupted education

Six parents (20%) left school before the minimum age with no qualifications and had not gained any since. A further four had left post-16 education before they intended and had not returned. Ten parents (33%) then, had had their education interrupted, in eight cases because of care responsibilities or problems between their own parents.

5.5.3 Attendance at courses since the study child born

Thirteen parents (43%) had attended at least one course since the study child was born. Parents with a post-16 qualification were twice as likely as less-qualified parents to have done this (64% had, compared to 32% of less-qualified parents).

5.5.4 Parent's attitude to education

Parents were asked whether they agreed or disagreed with four statements about education⁷. The responses were compiled into a score. Twenty-one parents (70%) were strongly pro-education (scoring full marks or just dropping one).

⁷ These were: When I look back I think school was a waste of time: Learning new things boosts your confidence: It matters a lot to me how well my child does at school: The effort of getting qualifications is more trouble than it's worth. These statements were derived from the National Sure Start Impact Study Pilot Parent Interview, which was adapted from the Millennium Cohort Study Pilot 1 (National Centre for Social Research 2001).

5.6 Parental Resources – Neighbourhood

5.6.1 Length of residence in the neighbourhood

Nearly half the parents (43%) had lived in the study area for all or practically all of their lives. Fourteen had lived in their current neighbourhood for less than 10 years, and sixteen had lived there for 10 years or more.

5.6.2 Views on neighbourhood

Twenty parents (67%) liked living in their neighbourhood and 11 (37%) thought it was a good place to raise young children. Only one of these wanted to move to a different area, compared to half of those who did not view their neighbourhood as child-friendly.

5.6.3 Moving out of the study area

Seven parents (23%) had moved out of the study area by 2003/4. Four were social tenants who had moved to another poor area in order to transfer from a flat to a house⁸. The other three were settled in a new, more advantaged area. Two were home-owners, the other had been transferred after family victimisation in the study area.

5.6.4 Moving house

Half the parents wanted to move house, and half did not. Most families (70%) had already moved at least once in the previous five years; six (20%) had moved in the previous two years.

5.6.5 Neighbourliness

Fourteen parents (47%) found neighbours very friendly, while twenty-four (80%) knew 'a lot' of neighbours. Thirteen parents (43%) both knew a lot of neighbours and found them very friendly.

⁸ Three wanted to move again, two back to the study area to be near a relative or friend, one to a more advantaged area.

5.7 Parental Resources - Support System

5.7.1 Attitudes to support

Parents were asked whether they agreed or disagreed with eight statements about support (Appendix 6). Overall they scored between 20 and 37, averaging 28.7 for overall positivity towards support. They scored an average of 14.4 for positivity towards informal support, slightly higher than that (12) found by the national Ghate and Hazel study (2002).

Attitudes to professionals were broadly positive with 27 parents (90%) believing they would keep confidentiality, but only 18 (60%) believing they would not start trying to take over if they got involved. Attitudes to local workers were more mixed. While two-thirds of parents (20) felt local workers were more helpful than professionals, only one-third (10) believed they would be confidential.

5.7.2 Informal supporters - Partner

Partner

In 2003/4, 19 parents (63%) had a partner resident for three or more nights a week (11 married, eight cohabiting), five had a non-residential partner, and six had no partner. All the couples were heterosexual. Twelve (63%) of the residential partnerships had lasted for 10 or more years, five for between five and nine years, and two started after the study child was born⁹.

How supportive the partner is

Half the parents had a very supportive resident partner (12) or non-resident partner (3). Six parents, nearly one in three (32%) of those with a resident partner, reported conflict or abuse from them, as did one of the five with a non-resident partner.

Help from partner or other birth parent with the study child

Nineteen parents (63%) were happy with how much their partner or the birth father did to help look after the study child; seven would have liked this person to do more (23%). One received help from another relative, and three (10%) had no help from another adult.

⁹ In both cases the couple married and had a baby of their own.

Of the 13 children who did not live with their biological father, seven saw him at least fortnightly. Two mothers considered the non-resident father was helping enough; four cited him as a source of problems.

5.7.3 Informal supporters – Mother

Parent's relationship with their own mother and frequency of contact

Parents' mothers were the most frequently-named parenting supporter in the national *Parenting in Poor Environments* survey (Ghate & Hazel 2002). Of the 24 parents whose mothers were still alive, 11 (46%) had a warm relationship with her, eight (33%) an ambivalent relationship, and five (21%) said their mother always criticised them (contact had virtually ceased for four of these five). The mothers of six parents (20%) had died by 2003/4, including the mother of the only father interviewed. The following account relates only to those 24 mothers whose mother was still alive.

Seven mothers (29%) lived within 10 minutes' travel time of their mothers, and a further nine (38%) lived less than an hour away. Distance was strongly associated with how often mothers saw their mothers (Kendall's tau-b = -0.693, $p < 0.001$, $N = 19$); the closer they lived, the more often they saw each other. However the mothers of three mothers had moved abroad, leaving two who had a warm relationship with her, struggling to cope¹⁰.

The warmer the mother's relationship with her mother, the more frequent the contact by phone or face-to-face (Kendall's tau-b = 0.541, $p = 0.011$, $N = 19$). Two-thirds of those with a warm relationship spoke to their mothers at least 10 times a week.

Twenty parents (83%) had an active relationship with their own mother (at least weekly contact), and 15 (63%) named her as one of their three key supporters in parenting, though in six cases this was not a warm relationship.

¹⁰ In Chapter 10 these are classed as 'shy strugglers'.

5.7.5 Informal supporters – Size of support network

The 30 parents had between three and 24 people they could call on for help with parenting, averaging 9.3 each. They divided into three roughly-equal groups – nine parents had few (3-6) supporters, 11 had a medium number (7-9) and 10 had many (10+) supporters.

Friends made up 30% of all supporters, followed by the study child's grandparents (18%), and parent's siblings (10%).

5.7.6 Informal supporters - Three key supporters

All parents could name three main supporters who helped with family or parenting issues, most of whom (69%) were women. The most frequently-mentioned category was friend (24%), followed by the parent's mother (17%), residential partner (16%), and parent's sibling (9%).

Over two-thirds (69%) of key supporters were always supportive, particularly the parent's own children, siblings and non-residential partner. However, nearly a third of key supporters were ambivalent (29%) or always critical (2%), particularly the parents' own parents, residential partner and friends. Fourteen parents (47%) had warm relationships with all three key supporters. Nine (30%) received low warmth from them; at least two key supporters were ambivalent or one was cold.

Nearly half the parents (46%) saw their key supporters at least five times a week (20% lived in the same household), and nearly a third (31%) had telephone contact this often. Six parents (20%) had contact with all three key supporters five or more times a week¹¹.

A measure was devised, key supporters' valence, which was the product of emotional warmth and frequency of face-to-face contact with the three key supporters¹². Scores ranged from 24 to 72, with the mean being 54.1.

¹¹ Contact frequency was scored in the following way: 0 for never, 1 for less than weekly, 2 for 1-4 times weekly, and 3 for 5+ times a week. Scores were added together for all three key supporters, with the maximum being nine.

¹² Emotional support was coded as: 1 - always critical, 2 - sometimes critical, 3 - always supportive. Frequency of face-to-face contact was coded as: 0 - never, 1 - less than weekly, 2 - 1-4 times a week, 3 - 5+ times a week. Emotional support values were added for the three supporters then multiplied by the sum of face-to-face contact values for the three supporters.

5.7.7 Help – Availability and use

The two measures of functional help referred to in this section, *Parenting in Poor Environments* (PPE) and Arizona Social Support Interview Schedule (ASSIS), are described in Appendix 6.

Considering the PPE measure (Ghate & Hazel 2002), a third (10) of the parents were more reluctant help-seekers, being unwilling to ask for two or more types of help, particularly overnight childcare and borrowing money. Nearly two-thirds (N=19) felt at least six of seven types of help¹³ were available, and over half (N=16) felt at least six types were always available. As for help used, 13 parents (43%) had used at least three types in the previous four weeks and 16 (54%) were high users, having used informal help six or more times in this period.

To compare with the Stage 1 survey, the ASSIS measure (Barrera 1981 and 1985) was also used, covering six types of help. On average, parents had received 3.2 types of ASSIS help in the previous three months, on an average of 7.3 occasions (ranging from 0-23 times each). Between 2000 and 2003/4 the types of ASSIS help received reduced from five to three.

Considering all types of support covered by both measures, those most often received by parents were a social get-together, daytime childcare and compliments or praise from a person other than their own child (Table 5.3).

There was no relationship between how much help was available to the parent and how much PPE or ASSIS help was used.

¹³ Excluding borrowing a sum of £10 or more.

Table 5.3: Types of support received by parents

Type of support	Included in ASSIS measure	Included in PPE7 measure	Parents receiving this support in previous 3 months N ¹⁴ (%)
Social get-together	Yes	No	24 (80)
Daytime childcare	No	Yes	20 (67)
Compliments/praise	Yes	No	17 (63)
Discuss child problems	Yes	Yes	15 (54)
Lift	No	Yes	13 (46)
Discuss personal problems	Yes	Yes	11 (39)
Help with housework or shopping	Yes	Yes	11 (38)
Borrow up to £10	Yes	Yes	9 (31)
Overnight childcare	No	Yes	7 (24)

5.7.8 Satisfaction with childcare

Twenty-four parents (80%) had enough childcare for their study child, and 20 (67%) were 'very satisfied' with their current arrangements.

5.7.9 Professionals

Parents were asked about five professionals – doctors¹⁵, health visitors, dentists, social workers and speech therapists. All had seen the doctor and health visitor about the study child, and 25 (86%¹⁶) had taken the child to a dentist. In addition 12 parents (40%) had seen a social worker and five (20%¹⁷) a counsellor during the study child's lifetime (up to the Stage 2 interview); however half the social worker contacts concerned another of their children. Two study children (7%) had seen a speech therapist; one more was waiting for an appointment.

¹⁴ The total varies between 27 and 30 as not all parents provided information on every type of help.

¹⁵ 'Doctor' was the term parents used to describe their 'General Practitioner'.

¹⁶ 25 out of 29 parents where this was known.

¹⁷ Five out of 25 known.

In their lifetime, more parents (50%) had ever seen a social worker than had ever attended ante-natal class (41%¹⁸). Just under a third (32%¹⁹) had ever seen a counsellor.

Children had seen their health visitor more often than their doctor; 12 had seen their health visitor more than 10 times between 2000 and 2003/4, while only eight had seen their doctor this often (Table 5.4). Contacts with health visitors included more routine visits, some were made at the health visitors' instigation, and there was perhaps a lower threshold for help-seeking than for doctors.

Table 5.4 *How often the study child had seen doctor and health visitor between 2000-2003/4*

No. of visits by study children 2000-2003/4	Doctor N (%)	Health Visitor N (%)
1-5	8 (27)	9 (31)
6-10	13 (45)	8 (27)
11-20	2 (7)	6 (21)
21+	6 (21)	6 (21)
<i>Total</i>	<i>29 (100)</i>	<i>29 (100)</i>

5.7.10 Council day nursery

Ten children (33%) had attended council day nursery before the age of three, usually after referral by a health visitor. This was much more likely if their parent had seen the health visitor 11 or more times about the study child (Fisher's Exact test: $p=0.005$, $df=1$, $N=29$).

¹⁸ Twelve out of 29 known.

¹⁹ Eight out of 25 known.

5.8 Parental Resources - Parental health and psychology

This section covers the physical and emotional resources parents had to fulfil their role.

5.8.1 Parental psychology - Self-esteem

A composite score of self-esteem was based on responses to three statements²⁰. Twelve parents experienced high self-esteem, 10 had medium self-esteem and 10 had low self-esteem.

5.8.2 Parental psychology - Home order score

Parents were asked whether they agreed or disagreed with five statements, constituting the Household Chaos, Hubbub and Order Scale²¹. These covered how organised parents were in their homes, in terms of time and space. Scores ranged from six to 25, with low scores signifying high home order. The average was 14.9.

5.8.3 Parental health - Overall parent health

Ten parents (33%) described themselves as 'fit and well', 15 (50%) as mostly well and five (17%) as sometimes or often unwell.

5.8.4 Parental health - Physical health

Parents had experienced up to five physical health problems in the previous three months, averaging 1.2 each. Ten parents (33%) reported none, 11 (37%) had one, and nine (30%) had two or more.

5.8.5 Parental health - Mental health

Mental health information was gathered through the 24-question Malaise Inventory (Chapter 4.14.3). Scores ranged from 0-19, with the mean being 5.0. Six parents (20%) scored a high Malaise score (8 or more) and were therefore deemed at higher risk of depression. Sixteen parents (53%) had good mental health (0-4 Malaise score).

²⁰ Self-esteem statements: 'On the whole, I am satisfied with myself.' 'At times I think I am no good at all.' 'I am able to do things as well as most people.' A high score (9-15) indicated low self-esteem, a medium score (5-8) indicated medium self-esteem, and a low score (3-3) indicated high self-esteem.

²¹ The statements were: We can always find things when we need them: We almost always seem to be rushed: You can't hear yourself think in our home: Our home is a good place to relax: We're often late for appointments or miss them altogether. This measure was used in the National Sure Start Impact Study, adapted from *Child of the New Millennium Cohort Study- Pilot 1* (National Centre for Social Research 2001).

In 2000, mental health of the sample was poorer, with 10 parents (33%) scoring at least 8 and the average number of symptoms being 5.6. At both times 16 parents (53%) experienced good mental health (0-4 Malaise score). The top three symptoms reported at both times were the parent often feeling tired, worried and having backache. Twenty parents (67%) were frequently tired at both times.

5.8.6 Parental health and psychology - Other emotional variables

Asked if they often felt lonely, six parents (21% out of 29) said they did. All these (and one more) had answered 'yes' to the Malaise question about feeling afraid to go out alone or meet people (which is henceforth referred to as being 'shy'). Twelve (41% out of 29) said they had had an unhappy childhood.

5.9 Parental Resources - Family problems

This section covers the various emotional drains on parents, such as family problems, household change and experience of abuse.

5.9.1 Current Problem Questionnaire (CPQ)

This questionnaire covered 23 issues which parents considered were problematic (Chapter 4.14.4). They were related to: money, past and present partner, children, housing, employment, abuse and substance-dependency. On average, parents had 2.5 problems each. Nine (30%) had none, eight (27%) had one or two problems, and 13 (43%) had three or more. Money problems and past abuse were the three main problems reported (Table 5.5).

Table 5.5: Main types of CPQ problem experienced by parents

Top five types of problem	Parents	
	N	%
Problems with owing money	12	40
Long-term (two years plus) debts other than mortgage	11	37
Past abuse of parent - by parent or previous partner	11	37
Not enough privacy at home	9	30
Problems at school requiring a visit	5	17

Because of the sensitivity of several issues, including violence from current partner and household drink or drug problems, it is expected that these were under-reported.

5.9.2 Expanded problems score

Sixteen parents (53%) reported other major problems they had coped with over the previous year (including death of a parent)²². Eleven (37%) said they were having problems with their other children (including one being violent to the parent).

An expanded problems score was compiled which included these extra problems and the CPQ ones. This ranged from 0 to 10, averaging 4.1.

5.9.3 Parent's experience of abuse

In the Current Problem Questionnaire, 12 parents (40%) reported verbal, physical or sexual abuse, either as a child or from a past or present partner, and in one case also from one of their own children. In 10 cases (30% of parents) this had been physical or sexual abuse. Three of the four parents currently suffering abuse had also experienced past abuse.

5.9.4 Difficult household change

Six parents (20%) had undergone difficult household change since the study child was born. Either their partner had left and they were not living with a new one, or one of their children under 16 had left to live with his or her father.

Sixteen study children (53%) had experienced a potentially difficult household change; a younger sibling had been born, or their biological father or a sibling under 16 had left the household.

5.10 Parental Task Burden

This section covers the different calls on a parent's time and energy – their number of children, other care responsibilities, employment, volunteering and study commitments, along with any growth, development or behaviour problems experienced by the study child, and health problems in the household.

²² The source for this question was the Mothers' Lifestyle section of ALSPAC questions (ALSPAC 2002).

5.10.1 Study child's health

Sixteen study children (53%) had experienced good health in the previous 12 months, 12 (40%) had had some minor problems, and two (7%) were sometimes or almost always unwell (with asthma, eczema and infections). Throughout their life, 18 (40%) of the children had had a serious illness or hospital stay, most commonly for respiratory problems, followed by injury or poisoning.

Seventeen children (57%) had been to casualty, twelve because of accident or injury.

Seven children (23%) suffered from one or more long-term health problems/disability, most commonly eczema (N=3) and asthma (N=3).

5.10.2 Study child's growth and development

Nineteen parents (63%) reported 41 problems with their child's growth or development since birth. Eleven reported no problems, seven one problem, and 12 reported two or more. The most common problem was with the child's eating, weight or height, followed jointly by sleep and behaviour, then speech problems (Table 5.6).

Table 5.6: Incidence of growth and development problems in the study children

Growth/development problem	Children	
	N	%
Weight, eating, height	9	30
Sleep	8	27
Behaviour	8	27
Speech	7	23
Sight	6	20
Other	3	10

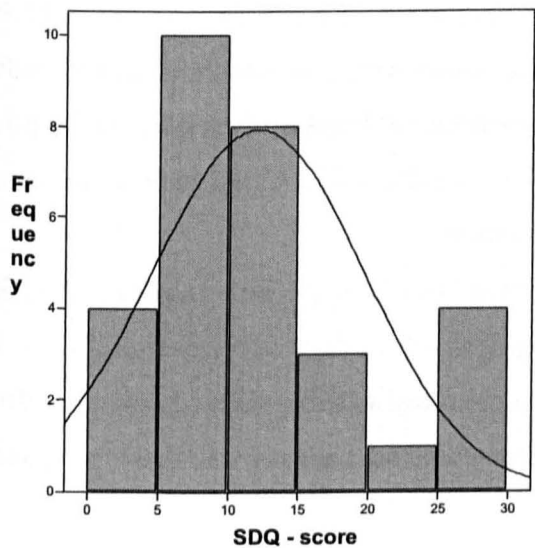
5.10.3 Study child's behaviour

Goodman's Strengths and Difficulties Questionnaire (SDQ) was used to measure children's behaviour (Goodman 1997)²³.

²³ Further details can be found in Chapter 4.

Twenty-two children (73%) scored within the normal range of behaviour; two (7%) showed Borderline behaviour and six (20%) Abnormal behaviour (Fig. 5.2). The national PPE study (Ghate and Hazel 2002) found 15% of children had Abnormal behaviour. The median²⁴ SDQ score for the 30 children was 10.0, similar to the 9.3 mean for three-year-olds found by the Millennium Cohort Study (CLS 2007)²⁵. As so few children scored outside the normal range, a more equal binary variable was devised, dividing 16 children whose score was equal to or lower than the median (0-10) from 14 children whose score was higher.

Figure 5.2: *Distribution of SDQ (problem behaviour) scores among the study children, showing normal distribution curve*



5.10.4 Number of children and young people in the household

The average number of children and young people in the household was 3.1. Thirteen households (43%) had one or two children, 12 (40%) had three or four, and five households (16%) had six or seven children²⁶.

Thirteen study children (43%) had seen the arrival of younger siblings, and several respondents were pregnant at the time of the Stage 2 interview.

²⁴ Median is used as the SDQ score was not a normal distribution (Fig 5.2)
²⁵ The Millennium Cohort Study covered nearly 16,000 UK children born between 2000-2, and included a higher proportion of children from poor areas and minority ethnic families than are found in the national population.
²⁶ Two mothers of these large families were the only parents who were long-term sick.

Eleven study children (37%) had at least one half-sibling in the household and six (20%) lived in step-families²⁷.

5.10.5 Amount of lone childcare

Some parents had more help than others in looking after their study children. Nineteen parents (63%) spent 16-37 hours a week as lone carers in term-time, while eleven parents (37%) spent longer as lone carers (38-60 hours a week).

5.10.6 Household health and parent's extra care responsibilities

In 18 (60%) households, at least one member, including the parent him or herself, had a long-term health problem.

Seven parents (25% out of 28 known) carried an extra care burden, which interfered with what they could do with their children. Either they were hindered by their own health problems (six parents) and/or they had to spend much extra time looking after someone else in their family with health problems (five parents).

5.10.7 Employment, study and volunteering

Fewer than half the parents (43%) were employed, and eight (27%) worked or studied for 24 hours or more a week. Eleven parents had volunteered at some point in their lives, and eight (27%) were currently volunteering.

5.11 Parent-Study Child Relationship

5.11.1 Parent's feelings about study child pregnancy

Twenty-four parents (80%) said they had been 'very happy' on discovering the pregnancy²⁸.

²⁷ Where one adult, the father-figure in this case, was not biological parent of all their siblings.

²⁸ This response might have been affected by the presence of the study child or a sibling during the interview, and the desire to give a socially-acceptable answer.

5.11.2 Study child was a difficult baby

A baby temperament score was compiled, combining answers to five questions about whether, as a baby, the study child had been cuddly, cried little, slept well, ate well and was undemanding²⁹. Answers largely paralleled those to another question about how easy their baby would have been for the average mother to look after³⁰; thirteen parents (43%) said 'very easy', nine 'quite easy', four 'quite difficult', and four 'very difficult'.

5.11.3 Study child was breastfed

Thirteen study children (43%) had been breast-fed at all.

5.11.4 Parent more positive towards the study child

Parental anxiety about and warmth towards the study child was measured in a series of responses to 10 statements³¹. On average, parents gave between four and 10 positive answers, averaging 7.3.

5.11.5 Parent's number of daily activities with study child

Parents did from none to all of the following seven activities each day with their child: music/singing, looking at pictures in books, reading stories, playing with toys, physical play, painting/drawing and building towers or other creations. The average was 3.5

The most popular was showing the child pictures in books (21 out of 28 parents - 75%), followed by singing or music (20 out of 29 parents - 69%), and reading the child stories (17 out of 29 parents - 59%).

²⁹ Some of these questions were taken from the shortened form of the Bates Infant Characteristics Questionnaire (Bates, Freeland & Lounsbury 1979) used by the *Parenting in Poor Environments* survey (Ghate & Hazel 2002).

³⁰ This question was also taken from the Bates Infant Characteristics Questionnaire (Bates, Freeland & Lounsbury 1979).

³¹ These were: I really cannot bear it when my child cries: I don't mind the mess that surrounds a child: I feel desperate when my child complains and is difficult: I often worry whether my child is eating enough: My child's demands sometimes bring intense feelings of anger: Trying to get my child to eat the right food makes me very anxious: I feel pretty sure that I'm doing the right thing for my child: I feel anxious if someone else is looking after my child: Having this child has made me feel more fulfilled: I would have preferred that I had not had this child when I did. These statements were included in the MORI Stage 1 baseline survey carried out in the study area in 2000.

5.11.6 Parent strict with study child

Parents were most likely to have rules about bedtime (23 of 30 very often did – 77%), then snacks (15 of 29 very often did - 52%), but least likely about television (7 of 30 very often did - 23%).

5.11.7 Study child often obeyed parent

Six parents (20%) said their study child very often obeyed them, 16 (53%) said the child often obeyed them, five (17%) said the child sometimes obeyed them, and three (10%) said the child seldom or never obeyed them.

5.11.8 Television in bedroom

Twenty-four (80%) of the study children had a television in their bedroom. Seventeen parents (57%) said they seldom or never limited their child's television viewing, whereas 13 (43%) sometimes or often did so.

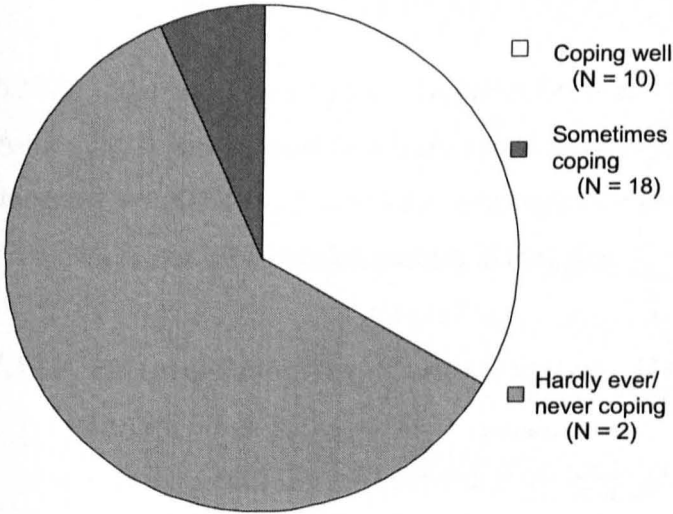
5.12 Global Parenting Variables

Two parenting measures were selected, in line with those used in the *Parenting in Poor Environments* study (Ghate and Hazel 2002), in order to enable national comparison. One was how well parents felt they were coping with parenting overall, the other was whether they ever wanted more support with parenting and, if so, how often. Both were global subjective measures, not based on a professional's assessment or set of objective criteria.

5.12.1 Coping with parenting

Near the end of the interview, parents were asked how well they were coping with parenting. Ten parents (33%) said they were coping well (Fig. 5.3), 18 (60%) were sometimes coping well. As only two (7%) were coping less well, this variable was treated as a binary one.

Figure 5.3 How well parents were coping with parenthood in the study area in 2003/4

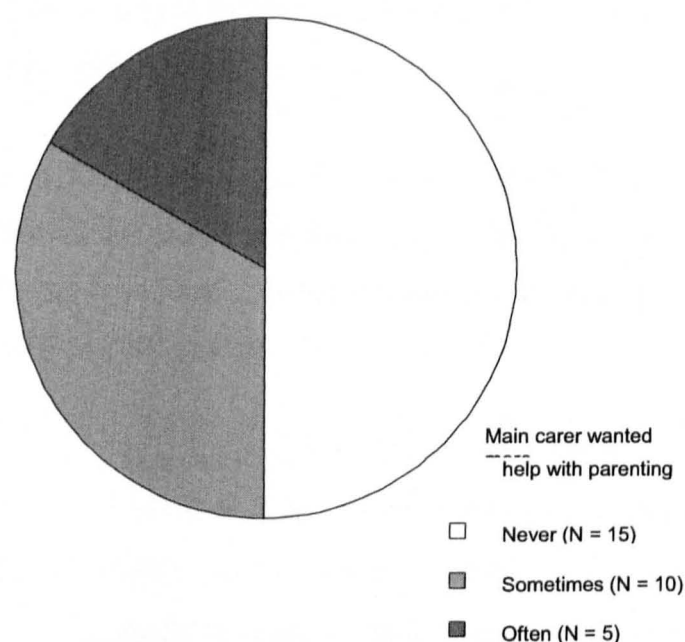


Fewer parents in this study (33%) said they were coping well compared to the national PPE survey (46%) (Ghate and Hazel 2002). However when only households containing under-fives were considered in the PPE survey, this proportion dropped to 42%.

5.12.2 Gap in support

Parents were asked if they ever wanted more help or support with parenting. Half never wanted more help (N =15), a third sometimes did (N =10) and one in six parents (N =5) often wanted more help (Figure 5.4). Parents who sometimes or often wanted more help are described as parents with, respectively, a small or large support gap.

Fig. 5.4: *How well parents felt supported in the study area in 2003/4*



These results were similar to the levels of support need found by the national PPE study (Ghate and Hazel 2002) (Table 5.7).

Table 5.7 *Parents’ support gap - comparison between this study and national PPE study (Ghate & Hazel 2002)*

Wanting more support with parenting	Parents		
	Study area		National PPE study
	Stage 2 sample (2003/4)		
	Study child aged 3-5 (N = 30)		Study child aged 0-16 (N = 1,736)
	N	(%)	(%) ³²
Never	15	(50)	(53)
Sometimes	10	(33)	(36)
Often	5	(17)	(11)
Total	30	(100)	(100)

5.13 **Historic Variables - Study child’s first year of life (2000)**

Key variables were selected from the Stage 1 interview, which was carried out in the study child’s first 13 months of life.

5.13.1 Parental Resources – Demography - Income and social class

Fourteen parents (47%) were receiving Income Support in 2000. Nineteen parents (63%) were in social classes D-E and eleven (37%) in classes A-C2.

5.13.2 Parental Resources – Support System – Resident Partner

Although 10 parents said they were single in 2000 and one declined to answer, it became apparent in 2003/4 from how long their partner relationships had endured, that only six (20%) were not living with a partner in that year.

5.13.3 Parental Resources – Support System - How supportive was the partner or child's other birth parent?

Eighteen parents (60%) were happy that the other adult most involved in helping bring up their study child, did enough. In 2003/4, 13 parents (43%) said their residential partner had been very supportive in 2000.

5.13.4 Parental Resources – Support System – Help, conflict and childcare

On average, parents received 4.7 types of ASSIS help³² and gave 2.9 types of ASSIS help in the previous three months. Nine parents (30%) were high users, using all six types of help, and 11 (37%) were high givers, giving four or more types of help.

Ten parents (33%) said they had no conflicted relationships in 2000 that made them angry or upset, ten (33%) had one, and 10 (33%) had two or more.

Nineteen parents (63%) were very satisfied with childcare.

5.13.5 Parental Resources – Parent's physical and mental health

Twenty-three parents (77%) described themselves as 'fit and well' in 2000, and sixteen (53%) had good mental health (Malaise score of 0-4). The average Malaise score was 5.6 and 10 (33%) had a high Malaise score (8 or more), possibly augmented through post-natal depression. Five parents (17%) were frightened of going out alone or meeting people. Two-thirds of parents smoked in 2000.

³² Numbers not given.

³³ For details of ASSIS (Arizona Social Support Interview Schedule) help, see Appendix 6.

5.13.6 Parental Task Burden - Child's health

In 2000, parents said twenty-three of the study children (77%) had been very healthy over the previous year.

5.13.7 Parent's Relationship with Study Child

Seventeen parents (57%) considered they were 'a very good parent' in 2000, two (7%) 'better than average' and 11 (37%) 'average'. Compiling a parent's positivity score towards the study child (from 10 statements suitable for the age-group taken from the Stage 1 questionnaire), parents gave between four and 10 positive answers, averaging 7.7.

5.13.8 Global parenting variables

Eighteen parents (62%) said they had enough help with parenting in 2000, eight (28%) had wanted 'a few more opportunities for support' and three (10%) had wanted 'a lot more opportunities for support'. The coping question was not asked in the Stage 1 survey.

5.14 Journey Variables - 2000-2003/4

For some variables, the same questions were asked in 2000 and 2003/4, allowing a 'direction of travel' to be assessed, or a cumulative picture built up.

5.14.1 Parental Resources – Demography - Income

Twelve parents (40%) had not received Income Support at either time.

5.14.2 Parental Resources - Neighbourhood

The number of parents who thought their neighbourhood was good for rearing children under four rose from eight to 10 by 2003/4. Of the 23 parents who stayed in the study area, seven (30%) thought the area was good in 2000 and 2003/4, but only two of these were the same parents.

5.14.3 Parental Resources – Support System - Child-biological father relationship

Seventeen of the study children (57%) had lived with their biological father all their lives, six (20%) had never lived with their biological father, and the fathers of seven (23%) had left the family home between 2000 and 2003/4.

5.14.4 Parental Resources – Support System – Help, support and childcare

Half the parents (15) felt very satisfied at both times with their childcare. Seven (21%) had very supportive partners at both times.

On average, the number of types of ASSIS help received dropped from five to three over this period. However, 12 (41%) parents were using at least three more types of ASSIS help in 2003/4 than in 2000, or were high users at both times.

5.14.5 Parental Resources - Parent's health and psychology

Nine parents (30%) were 'fit and well' at both times; six (20%) were not fit and well at either time. The overall health of 16 parents (53%) had worsened over the period, and that of only one had improved.

The mental health of 18 parents (60%) had improved, with the mean Malaise score dropping from 5.6 to 5.0. Ten parents (33%) had had a high Malaise score (8 or more) at one or both times; all six with a high score in 2003/4 had also had one in 2000.

Five parents (17%) had been afraid of going out alone or meeting people in 2000, and seven (23%) were in 2003/4. Three parents had felt this fear at both times, and nine (30%) had felt it at least once.

5.14.6 Parental Task Burden - Child's health journey

Overall, the children's health worsened over this period. The health of 13 (43%) was described as excellent at both times, and two (7%) had minor problems at both times. The health of 12 (40%) had worsened by 2003/4 and that of three (10%) had improved.

5.14.7 Parental Task Burden - Care burden journey

Ten parents (33%) had found the time they could spend and activities they could do with the study child circumscribed for a period between 2000 and 2003/4 because of their own health problems or through looking after others with health or disability problems.

5.14.8 Parent-Child Relationship – Parents' positivity

Parents' average positivity score³⁴ towards their study children at both times was the same (14). However, the attitude of six parents (20%) had worsened substantially (by three points or more) and that of three (10%) had improved substantially (by three points or more).

5.14.9 Global parenting variable – Support gap

The global support questions asked in Stages 1 and 2 were broadly equivalent, yielding data on no support gap, a small or a large one. In 2000 parents were asked if they had received enough help or wanted a few or a lot more opportunities for support. In 2003/4 parents were asked if they ever wanted more help or support and if this was sometimes or often.

Out of 29 parents for whom data was obtained, 11 (38%) had not felt they needed any more support with parenting in 2000 or 2003/4. Eight parents (28%) had had only one small support gap, whereas 10 (34%) had had more than this. Over the period, the support gap overall had increased: eight parents (28%) felt they needed more support at Stage 2 and four (14%) needed less. This may have been associated with 13 parents (43%) having had one or more babies since the study child was born, and six (17%) more becoming single parents. Also, the average amount of help received dropped from five to three types between 2000 and 2003/4.

5.15 Associations between global parenting variables – Contemporaneous and sequential

The two global parenting variables were related, but this association was only significant when there was a time-lag between feeling supported and coping well. Measuring both variables at Stage 2, whereas nearly half (47%) the parents who felt well-supported were coping well, only 30% of those with a small support gap and none of those with a large support gap were coping well (Mann-Whitney $U=62.5$, $Z=-1.806$, $r=-0.330$, $p=0.071$, $N=30$) (Table 5.8. With their larger sample, the national PPE study (Ghate and Hazel 2002) found that coping and feeling well-supported were very significantly related ($p<0.001$), but the association did not reach significance in this study.

³⁴ This was calculated by scoring positive statements about the study child as 1, non-committal statements 2, and negative statements 3. The higher the score, the less positive the parent felt about the study child.

Table 5.8: Association between how well-supported parents felt and how well they coped at Stage 2 (2003/4)

How parent was coping	Parents wanting more help with parenting			
	Never N (%)	Sometimes N (%)	Often N (%)	Total N (%)
Coping well	7 (47)	3 (30)	0 (0)	10 (33)
Not coping well	8 (53)	7 (70)	5 (100)	20 (67)
Total	15 (100)	10 (100)	5 (100)	30 (100)

However there was a very significant association between a parent feeling well-supported at Stage 1 (2000) and coping well at Stage 2 (2003/4). In effect, a time lag between experiencing a support gap and not coping showed up for this sample (Table 5.9). None of the parents who were coping well at Stage 2 had had a support gap at Stage 1, whereas 58% of those not coping well had. This association was very significant (Fisher’s Exact test: $p=0.003, df=1, N=29$), indicating how important it is for parents to have support in the first year of a child’s life.

Table 5.9: Association between how well-supported parents felt at Stage 1 (2000) and how well they coped at Stage 2 (2003/4)

How well parents were coping at Stage 2 (2003/4)	Parent’s support gap at Stage 1 (2000)		
	None N (%)	Small or large N (%)	Total N (%)
Coping well	10 (100)	0 (0)	10 (100)
Not coping well	8 (42)	11 (58)	19 (100)
Total	18 (62)	11 (38)	29 (100)

5.16 Associations between global parenting measures and other variables

Only three of 136 variables were significantly ($p<0.05$) associated with both global parenting measures; one was a parental psychology variable, the other two were support variables. Parents were much more likely to be coping well and feeling well-supported if they were not ‘shy’, used fewer types of informal help, or used informal help less often (Table 5.10). It seems paradoxical that parents with a support gap used more help than those feeling well-supported.

Table 5.10 Variables related to both global parenting measures

Variable	Association with global parenting measure				
	N	Coping well with parenting		Feeling well-supported	
		Significance level (p)	Mann-Whitney U test statistic	Significance level (p)	Kendall's tau-b test statistic
Not 'shy' ³⁵ at Stage 1 (2000) &/or Stage 2 (2003/4)	30	0.013 ³⁶ <i>df=1</i>	<i>N/A</i> ³⁷	0.014 ³⁸ <i>df=1</i>	<i>N/A</i>
Used fewer types of PPE informal help in last 4 weeks	29	0.021	<i>M-W U</i> = 47.0 <i>Z</i> = -2.306 <i>r</i> = -0.428	0.020	<i>r</i> = 0.380
Used PPE informal help less often in last 4 weeks	24	0.044	<i>M-W U</i> = 34.0 <i>Z</i> = -2.015 <i>r</i> = -0.412	0.017	<i>r</i> = 0.409

5.17 Conclusion

This chapter has outlined a fairly comprehensive portrait of the 30 parents and study children, along with many factors which might have affected their use of early years groups.

As regards the global parenting measures, it was clear that parents who felt well-supported in the first year of their child's life were much more likely to be coping well three to four years later (Stage 2). Parents struggling to cope and needing extra help at Stage 2 could be identified by two criteria – they used more informal help and felt afraid to go out alone or meet people. It may be these parents that family services need to target.

³⁵ 'Shy' is used as meaning not afraid to go out alone or to meet people (based on a Malaise question).

³⁶ Fisher's Exact test.

³⁷ Not applicable.

³⁸ Fisher's Exact test.

SECTION II - PARENTS AND GROUPS

This section focuses on different aspects of attendance at early years groups by parents and/or their children. Although some groups were child-only, in each case it was the parent making the decision, based on their perceptions and experience.

Chapter 6 sketches the background to the study, including use of early years groups in 2000 when the Sure Start project started. Use of groups by the selected cohort between 2000 and 2003/4 is then surveyed in more detail, including how many groups study children attended, how often (in particular distinguishing between one-off and more regular attendance) and how their parents rated the groups. Non-attendance is also considered.

In Chapter 7, high attenders at early years groups are compared with low attenders, according to the 136 background variables and two global parenting variables. A distinction is made between Sure Start and pre-existing groups, to see if Sure Start attracted a different clientele and fulfilled the unmet need identified in the project's baseline survey in 2000.

A qualitative approach is taken in Chapter 8, when mothers' comments (as it was only mothers who had attended groups) about each group they had considered using are analysed. Parents were asked why they decided to take their child or not, and if they did, what the group was like, how it could have been improved and why they decided to stop going. The comments were grouped in themes and divided according to whether they were positive or negative, whether they signified attractions or barriers to attendance. A numerical count of themes indicated that one type dominated parents' experience of groups – peer factors. Two themes emerged from this analysis – the strong fear some parents had of groups and the importance of social class, not only a group being the 'right' social class for the parent, but the keen desire by some parents to move out of a 'rough' area and the widespread perception of danger in the neighbourhood.

Factors attracting mothers to and repelling them from groups are linked in Chapter 9 to average attendance, as part of an iterative process, to identify the key barriers and

attractions, including which sources of awareness were the most effective in attracting regular attenders to groups.

Parents are divided into three clusters in Chapter 10 on the basis of peer factors and group attendance then, in a multi-factor model, into six clusters. This also took into account whether the parent keenly wanted to move out of the study area to a more advantaged one, and whether s/he had already done so. In both cases, clusters of parents who were high-need were identified, where extra support might be appropriate.

In Chapter 11 the methodology is reviewed and findings are summarised. In addition the concept of 'group-fearfulness' is explored in more detail and learning points are outlined for agencies wishing to engage parents in groups.

Chapter 6

Sure Start and Pre-Existing Early Years Groups -

Parents' Use in 2000 and 2003/4

This chapter is divided into two parts – background and use of groups in 2000, then use of early years groups by 2003/4.

The first part describes the study area, the early years groups that existed before the Sure Start project started and, briefly, parents' use of these and their unmet need at Stage 1 (2000). Then the Sure Start project and the groups it set up are outlined.

The second part focuses on parents' awareness and use of early years groups at Stage 2 (2003/4), along with their rating of which were the best and worst groups they had used. In each case a comparison between Sure Start and pre-existing groups is made. Also, child-only groups (playgroups) are compared with the more commonly-used groups that parent and child attended together. Non-attenders are considered, both short-term and long-term ones. Finally, early years groups are viewed in the context of other types of early years childcare.

PART 1 – BACKGROUND

THE STUDY AREA, PRE-EXISTING AND SURE START GROUPS, USE AND UNMET NEED IN 2000

6.1 Introduction

The study area was chosen as it was a site for one of the early Trailblazer Sure Start Local Programmes. In 1999 a Parents' Consultation had surveyed pre-existing early years services in the area, and in 2000 a survey was commissioned of one-third of parents of children under four in the area, which included questions on awareness and use of early years groups, and highlighted unmet need. (This became the Stage 1 survey for this study.) Early years groups set up by Sure Start in the period from 2000-2003 are then described.

6.2 The study area

Lying on the edge of a major English city, the population of the study area was 21,000 in 2001 (Office of National Statistics). Hundreds of council houses and flats were built here in the 1950s and 1960s, creating one of the largest areas of social housing in Europe. Initially thriving, local factories then closed and the area's prosperity dropped. Economic growth moved to the other side of the city, leaving residents remote from the city centre and from most employment. During the late 1980s, levels of poverty in the study area rose and in 1992 'riots' were reported in the local newspaper. After this, several local government buildings (such as the local library, social services and housing offices) were rebuilt in 'fortress' mode to resist future vandalism, with barbed wire on the roof and steel doors¹.

By 2001, just over half (52%) the properties were owned, as many tenants had bought their homes under 'right to buy' legislation (Boushel and others 2004). Much of the remaining social housing was in poor condition and programmes to refurbish it were underway at the time of this study, including the demolition of some blocks of flats. Some public facilities were also being refurbished. Other Government programmes addressed health, employment and training needs in the area.

One factor causing disadvantaged families to concentrate in certain areas in Britain was the selling-off of council houses from the 1980s onwards. As the stock of social housing diminished, that which remained could only be allocated to the highest-need families, resulting in the geographical concentration of the poorest families with the most difficulties (Malpass 1990). To some extent this happened in the study area, where the large number of flats was used to house many people accepted as homeless, including some mothers of study children who had become pregnant and left their natal home.

6.3 The Sure Start programme

Since the 1970s the British Government has espoused a succession of integrated early years schemes to improve the life chances of young children from high-need families in poor areas. Integrated early years centres were set up, which provided childcare, pre-school groups, family support and sometimes health provision. Later these were re-

named early excellence centres, with increased emphasis on early learning goals; these were found to be particularly effective in promoting children's social and cognitive development (Sylva and others 2005).

In 1999, the Labour government announced a major new initiative to improve the life chances of children in disadvantaged areas such as the study area, by helping them become school-ready by the age of four (Chapter 3). Initially 250 Sure Start Local Programmes were set up in England, with the first 60 termed 'Trailblazers'; these were expected to pilot new approaches and services from which subsequent projects could learn.

All Sure Start projects had to work to a set of nationally-monitored targets, which came under four objectives – to promote children's social and emotional development, their health, their ability to learn, and to strengthen families and communities. Sure Start projects also had to embody certain principles – to ensure their service was multi-agency and universal; they also were required to treat parents as partners, involving them in managing the project and deciding what services should be provided as well as using the services. Parents had to voluntarily 'buy-in' to these services (Eisenstadt 2007).

To qualify for Sure Start, the study area had to meet various criteria of disadvantage – related to housing, household income, child poverty and so on. Populated by nearly 1,200 children aged under four, compared to an average of 700 for the first four rounds of Sure Start programmes, the study area hosted one of the largest Sure Start programmes in the country. This meant the catchment area was larger than the usual 'pram-pushing distance' the local projects were expected to serve (Eisenstadt 2007), and had to have three centres.

6.4 Early years services in the study area before Sure Start – Use, unmet need and reasons for non-use in 2000

A family centre run by a national charity had been established in the study area for more than 10 years before Sure Start was set up, spawning local activism:

¹ Commenting on the council office, one parent said: "All they want round there is a moat" (*Parent8:349*).

"The area has a strong sense of identity and a tradition of community activism... Many local activists, especially women, were ... Family Centre users and volunteers." (Boushel and others 2004: 4)

In 1999, the family centre brought together parents and professionals to make a successful Trailblazer bid for a Sure Start Local Project. As part of this bid, five local parents were trained to carry out a Parents' Consultation in 1999. This survey identified 37 existing services and activities in the study area that carers of young children could attend, from baby clinics to family learning classes, drop-ins, playgroups, and mother and toddler groups (Boushel and others 2004). Some of these were run at the family centre, some at a local early excellence centre (which was run by the local authority), and others were run independently by groups of parents or a church. There were also services available at a social services-run Family Unit at a local primary school, for children deemed to be 'in need'².

Once awarded Trailblazer funding, the Sure Start project commenced in 2000. One of its first tasks was to commission a Community Parents' Survey in which 301 parents of 0-3 year-olds in the study area were interviewed (Boushel 2000). (This is the Stage 1 survey referred to in Chapter 4.) This report showed "surprisingly low levels of usage of any type of resource" and "little knowledge of their existence" (Boushel 2000). Barely one-fifth (19%) of parents had used an early years group in the previous year; however 29% of parents of one- and two-year-olds had done so. Nearly one in five (19%) wanted to start using such groups or use them more. Although similar proportions of older and younger parents used early years groups at the time, younger parents were significantly more likely to have unmet need for playgroups (Mann-Whitney $U=8515.5$, $Z=-3.774$, $r=-0.218$, $p<0.001$, $N=301$) and for mother and toddler groups (Mann-Whitney $U=8816.5$, $Z=-3.164$, $r=-0.182$, $p=0.002$, $N=301$). For instance 31% of parents under 26 wanted to use playgroups more than they did, compared to 13% of older parents, and 29% of parents under 26 wanted to use mother and toddler groups more, compared to 14% of older parents.

There was high interest in potential Sure Start services; 90% of parents were interested in at least one new service for parents and one for children.

² Under Part III s17 (1) of the 1989 Children Act, the local authority has a duty to "safeguard and promote the welfare of children within their area who are in need".

As to why parents were not using services as much as they wished to, lack of awareness was given as the main reason (for not attending 60 out of 159 groups), followed by practical barriers of time, distance and cost (for not attending 57 of 159 groups). Peer factors (how parents felt about socialising with other parents in groups) were barely acknowledged in the research literature and were barely mentioned by respondents; only one of the 30 Stage 2 sample of parents admitted at Stage 1 that they had not attended a group through fear. Yet in that same Stage 1 interview, five of these 30 parents admitted to generally being 'afraid to go out alone or meet people' in the self-completion Malaise questionnaire. It may be that parents found it difficult to volunteer they had not attended a group through fear during a fast-paced interview (on average the 99 questions were answered within 43 minutes). Such fear was certainly evident in the qualitative analysis at Stage 2 (Chapter 8).

6.5 Sure Start groups set up in the study area between 2000 and 2004

Many groups were set up in the study area by Sure Start, although it took up to 2003 before the project was operating at full strength because of the time taken to build new premises and recruit and train suitable staff. Every parent who registered with the project was sent an attractive information pack with details of local groups, both pre-existing and Sure Start, and other facilities for young families. Details of all Sure Start services, such as the family link workers, counsellors and the benefits advice worker, were also included.

Groups were much more varied than the standard parent and toddler groups, playgroups and nursery. There were family learning groups, in which parents learned alongside their children, a BABES group to encourage breastfeeding mothers, PEEPs groups for parents and children with special emphasis on communication, and a Music Group. In some, the children were looked after in a creche by childcare workers while parents met in a separate room.

There were drop-in groups, a food group, keep fit group, craft groups, baby club, baby breakfast club, playbus, Rainbow group for learning-disabled children, Unity group for minority ethnic parents and children, a pregnancy group, women's group and a teenage parents group. The project also funded a welfare rights worker, counsellors, drugs and

alcohol worker, childminding co-ordinator, inclusion worker and fathers' development worker. There was, too, a Book Loan service, Book Start club, Sensory playroom and Playcare course for playworkers.

Several groups were time-limited (six to eight sessions), in an attempt to help newcomers fit in; the project recognised that a hard-core clique in a long-established group can put off newcomers. Also, in an effort to combat newcomers' nervousness, by 2003 most of the groups had a nominated 'welcomer', who would befriend newcomers and introduce them to other members of the group. High-need parents were also 'buddied' by family link workers on their first few visits to a group. These measures were particularly appropriate given the extent of some parents' fears about attending groups, which were revealed during the in-depth section of the interview (Chapter 8).

Day-to-day decisions on what type of groups to run were made by the large and multi-disciplinary Sure Start team, consisting of directly-employed childcare workers, family link workers, counsellors, project managers and other staff, alongside local professionals such as health visitors, speech therapists and midwives. These decisions were made within a framework decided by the project's management board, which included seven parent managers and local professionals.

PART 2 – PARENTS' USE OF EARLY YEARS GROUPS 2000-2003/4

6.6 Introduction

This section provides quantitative information on how many early years groups parents considered, how many their study child attended (with or without the parent) between 2000 and 2003/4 and how often, and how favourably parents rated the groups. The focus is primarily on the groups themselves, rather than parents and study children.

Comparisons are made between pre-existing and Sure Start groups, and include groups outside the study area which parents had used. The term early years group is defined in the next section (6.7).

In this chapter, as in subsequent ones, attendance frequency is as reported by parents, although it is accepted that this was not necessarily accurate (Chapter 4.15). It was

considered important to consistently adopt parents' standpoint in order to better understand their experiences and views. This applied to frequency of use as well as to which groups they were aware of, which they took their study child to, and which groups they thought were best or worst. The frequency of attendance quoted is that of the study child, which is usually the same as the parent except for the minority who attended child-only groups, or were taken to a group by someone else. As the study child of the only respondent who was a father did not attend any groups, parents who attended groups are referred to as mothers.

6.7 Early years groups – definition

The criterion for inclusion as an early years group was that attendance was entirely voluntary, at the parent's initiative and was an end in its own right.

There were three different types of early years group. Some were run by parents themselves (e.g. parent and toddler group in the church hall), some were run by local projects sponsored by a national charity (such as the Family Centre or Sure Start), and some were run by commercial organisations (such as swimming or dance lessons). The first type charged a small fee to cover expenses, the second type were generally free, and the third were charged at market cost.

This definition excludes two services, council day nursery and crèches associated with courses. Although 10 study children attended a council nursery before the age of three, this was not counted, as places for children under three were only available for children referred by a professional, usually the health visitor. State schooling, nursery or reception class, was also not included because it constituted the start of the child's journey through the state education system.

Several parents had attended educational courses, such as in computer skills, where children were looked after in a creche, but these were not counted as the parent's motivation was different. The focus in this study was on a parent's decision about whether or not to take their child to a group in its own right, not as a by-product of their own decision to attend a course. However family learning courses attended by both parent and child, were included; two parents had attended these at Sure Start centres.

In this chapter the number of attendances recorded is by the study child, whether or not their parent accompanied them. Mostly early years groups were attended by parents and children together, such as parent and toddler and mother and baby groups, but a minority were for children only. Of the 22 children who had been to parent-and-child groups, eight had also been to one or more child-only groups; five had attended playgroups, one a private nursery, three had been to dance and one to swimming classes.

6.8 Number of groups parents had considered and attended

All 30 parents had heard of at least one early years group, although one parent could not name it or the venue where it was held. Altogether, they reported on 97 groups they had considered taking their study child to. This averaged 3.2 each, ranging from none (one child) to seven groups (one child). On average, each study child had attended 2.1 early years groups. Eight (27%) had attended none³, five (17%) had attended one, and 17 (57%) had attended two or more (Table 6.1).

Table 6.1: Number of early years groups attended by the study children

No. of groups attended by /with study child	N	Per cent
0	8	27
1	5	17
2	10	33
3-7	7	23
Total	30	100

6.9 Frequency of attendance at groups considered

Over a third of groups (37%) known about were never attended Table 6.2).

Table 6.2: *Number of groups attended never, once-only or more often by the study children*

<i>Frequency of attendance at each group by study child</i>	<i>N</i>	<i>Per cent</i>
Never	35	37
Once only	13	14
2+ times	47	49
<i>All known</i>	95	100

Of those groups used, nearly a quarter (22%) were attended just once and nearly half (47%) were attended over 20 times, including eight (14%) which were attended 100 or more times (Table 6.3).

Table 6.3: *How frequently groups were attended by the study children*

<i>Frequency of attendance at each group by study child</i>	<i>N</i>	<i>Per cent</i>
Never	35	38
Once only	13	14
2-5 times	8	9
6-10 times	7	8
11-20 times	2	2
21+ times	27	29
<i>All known</i>	92	100

Comparing these data to use of semi-formal services found in Ghate and Hazel’s (2002) national PPE survey, more (26%) of the study parents using a group had used it just once or twice compared to 15% nationally, and fewer (51%) had attended more than 10 times, compared to 66% nationally. The higher use reported by PPE may have resulted from their faster-paced, entirely structured interview, during which parents may not have remembered attending services they had used little.

³ However, some had been to a childminder, attended council nursery or a creche while their mother was attending a course.

Frequency of group attendance was analysed in two ways, using parents' reported number of attendances so that averages could be compared, and also as a three-category variable – none, once-only and regular (two or more times) attendance. This latter was for three reasons:

- Parents' recall of number of attendances tended to be inexact.
- In some cases the situation was fluid, as the child had recently started attending a group and was expected to carry on for some time.
- Parents often seemed to make up their mind during the first visit if they would continue attending.

Quite often mothers had sampled one or two groups they found they did not like before finding a group they did like. But in some cases, that one experience had put them off going to any groups for some years (till Sure Start opened) and in some cases forever (at least up till 2003/4) (Chapter 8).

On average each group used by a study child, was attended 38 times, that is weekly for around nine months. This was higher for child-only groups (70 times) than for the parent-and-child groups (32 times). On average, study children attended 2.1 groups a total of 80 times.

6.10 Best and worst groups

Parents were invited to indicate how they rated the groups their study child attended on a 'best/worst' basis. These responses provide a 'between group' rating particular to each parent and cannot be taken to imply a wider evaluation of the group. Indeed, three groups were cited as both 'best' and 'worst' group by different parents. This shows that it is not so much the character of the group, as the fit between parent and group that counts – whether the parent knows others there, whether they like children's activities being organised and so on. However the ratings are useful in exploring whether there were common factors that encouraged attendance or non-attendance. 'Best' groups were attended five times as often as 'worst' groups.

Parents described 20 groups as the 'best' they had used for the study child, a third (33%) of all 61 groups attended⁴, and 14 (23%) as the 'worst' they had used⁵.

On average, study children attended their mothers' 'best' group 65 times, compared to just 13 times at their mothers' 'worst' group. The differences were particularly acute when one-off attendances were considered; only one of 20 'best' groups (5%) was attended once, compared to 10 of 14 'worst' groups (71%). Four 'best' groups were attended more than 100 times. This indicated that mothers' views of groups strongly affected how often they took their children.

6.11 Comparing Sure Start and pre-existing groups – awareness, attendance and parents' rating

More parents knew of pre-existing than Sure Start groups; 24 parents knew of a pre-existing group but only 18 knew of a Sure Start group. Twelve knew of both types.

Parents knew of more pre-existing groups (55) than Sure Start ones (42), but their children attended a higher proportion of Sure Start groups. Thirty-three of the 55 (60%) pre-existing groups were attended, compared to 28 of 41 (68%) Sure Start groups, where known⁶ (Table 6.4).

⁴ One mother named two joint-best groups.

⁵ One named four groups as her joint-worst. In addition, a parent who took her child to a group only to find it was not open, described that as her 'worst'.

⁶ Whether or not a child had attended was not known for one Sure Start group, and exact details of how often the child had attended were not known for four groups, except that three had been attended at least twice.

Table 6.4: *How often pre-existing and Sure Start groups were attended by the study children*

Frequency of attendance per group by study child	Groups		
	Pre-existing groups N (%)	Sure Start groups N (%)	All groups N (%)
0	22 (41)	13 (32)	35 (37)
1	8 (15)	5 (12)	13 (14)
2+	24 (44)	23 (56)	47 (49)
<i>Total known</i>	54 (100)	41 (100)	95 (100)

Although study children had attended, on average, one Sure Start and one pre-existing group, only six had attended both types. Seven had attended only Sure Start groups, nine only pre-existing groups, and six had attended both types. Overall then, 13 children had attended at least one Sure Start group and 15 had attended at least one pre-existing group.

Possibly because more pre-existing groups were on offer, children had attended more of them; 10 had been to two or more, compared to six who had been to two or more Sure Start groups. In addition, pre-existing groups were attended considerably more on average (46.1 times compared to 28.3 for Sure Start groups), possibly because they had been running for longer and were not time-limited as some Sure Start groups were. Also, four parents had moved to areas without Sure Start projects.

The proportion of non-attendances at pre-existing groups (41%) was higher than that for Sure Start groups (32%), which may indicate that Sure Start groups were more successful in attracting parents for a first time. How many continued to be regular attenders? Nearly half the mothers who had been to any pre-existing group had been to one just once (seven out of 15, 47%), whereas only three of the 13 (23%) who had been to any Sure Start group had attended one just once⁷. For most mothers, then, Sure Start groups were better at attracting regular attendance. On a group-by-group basis (Table 6.3), just under half (44%) of pre-existing groups were attended regularly, compared to over half (56%) of Sure Start groups.

⁷ One had attended three Sure Start groups once-only.

The proportion of Sure Start and pre-existing groups attended that were described as parents' best and worst ones were similar (Table 6.5). Just over a third (36%) of Sure Start groups attended by a study child were described as parents' best, as were 30% of pre-existing groups. Twenty-one per cent of pre-existing groups were described as parents' worst groups, compared to 25% of Sure Start groups⁸.

Table 6.5 Proportion of pre-existing and Sure Start groups named as mothers' 'best' and 'worst' groups

Mother's rating of group	Groups		
	Pre-existing groups (N=33) N (%)	Sure Start groups (N=28) N (%)	All groups (N=61) N (%)
'Best'	10 (30)	10 (36)	20 (33)
'Worst'	7 (21)	7 (25)	14 (23)

Average Sure Start attendance at 'best' groups (50 times) was around two-thirds (63%) less than that for pre-existing 'best' groups (79 times). This is a similar differential to that between attendance at pre-existing and Sure Start groups generally.

6.12 Comparing child-only groups with parent-and-child groups – Frequency of attendance and 'best'/'worst' groups

The overwhelming majority of groups considered (85%) and attended (84%) were for parents and children. Eleven parents considered 14 child-only groups and seven sent their child to a total of 10 of these groups; six playgroups, one private nursery, one swimming and two dance classes.

Average attendance at each child-only group was 70.0 times, more than double that for parent-and-child groups (32.4 times). For five of the six children, the child-only group was their mother's 'best' one. Some separation from their children seemed also to be preferred at parent-and-child groups. Four mothers named a parent-and-child group when

⁸ This latter was somewhat inflated by one parent naming three Sure Start groups as her joint-worst.

parents and children were in separate rooms, as their 'best', and just one named it as her 'worst'. However when both generations were in the same room, more mothers (N=14) named it their 'worst' than their 'best' (N=10) group. Possibly mothers preferred groups where children were catered for separately because this gave them respite, reflecting Gibbons' (1990) finding that parents were more satisfied with playgroups than parent-and-child groups. The preference may also have been because child-only groups did not involve parents having to mix with other parents, eliminating possible social and psychological obstacles. In contrast, research in 1976/7 by the Pre-School Playgroups Association (PPA 1981) discovered that mothers and children occupied the same room in 93% of mother and toddler groups⁹, the report stressing how important it was that toddlers could maintain visual contact with their mother.

6.13 Non-attenders

6.13.1 Long-term non-attenders – Possible impact of Sure Start

During their whole parenting career up till the Stage 2 interview in 2003/4, five parents said they had never attended any parent-and-child groups or taken any of their children to a child-only group. They said there was no need, because their children and/or they had enough friends and/or family in the area to socialise with anyway. In other words, they considered groups were not relevant to their needs and attendance would not therefore be useful. A further three study children had never been taken to a group, although one of their siblings had, making a total of eight study children who had never attended an early years group, according to their parents.

In addition, three had been to one group just once, which had been enough to put their mother off attending any other group, usually because of other mothers being 'cliquey' (Chapter 8).

In all, then, parents said 11 study children (37%) had not attended early years groups at all or just one group once. As a further six (20%) said they had only attended Sure Start groups, it would appear that if Sure Start had not existed, a total of 17 children – over half the sample - would not have attended any early years group more than once.

⁹ 1,702 of 4,400 groups returned the questionnaires, a 39% response rate.

Even if the number of nil-attenders and once-only attenders was lower than parents claimed, it was evident that some parents had been strongly put off going to groups because of a few unpleasant early experiences. The qualitative analysis looks closely at what went wrong for parents in these groups that had such a powerful effect on their subsequent behaviour (Chapter 8).

In some cases, parents' perception of who groups were for, led to them being non-users (Appendix 7). One long-term sick mother regretted there was no group for men, as her husband had given up work to help care for their large family. There was a Sure Start group for fathers, but this couple did not know of it.

6.13.2 Temporary non-attenders

Some parents went through certain times of their lives when they were non-attenders, because of youth, lack of confidence or not being a first-time mother. Two, who first became mothers at 15 and 16, had encountered age prejudice which made them wary of attending 'normal' groups at that time. One did not go to groups with her first child for this reason:

"You had all the mums older, like between 25-35 and I was like 15. Like people just used to look and used to think he was my baby brother and I got asked if he was my baby brother and I said 'No'. They were quite shocked." (Parent5:318: attended once, pre-existing parent and toddler group)

Another was grateful to have attended a special antenatal class for teenage mothers. Both felt comfortable attending early years groups as they entered their twenties.

Several mothers had attended groups with their first child but not subsequent ones. Two thought groups generally were more likely to be attended by first-time mothers:

"I think they have got open arms for any parent. But only a percentage of parents who would probably bother with it. Like first-time mums." (Parent23:542)

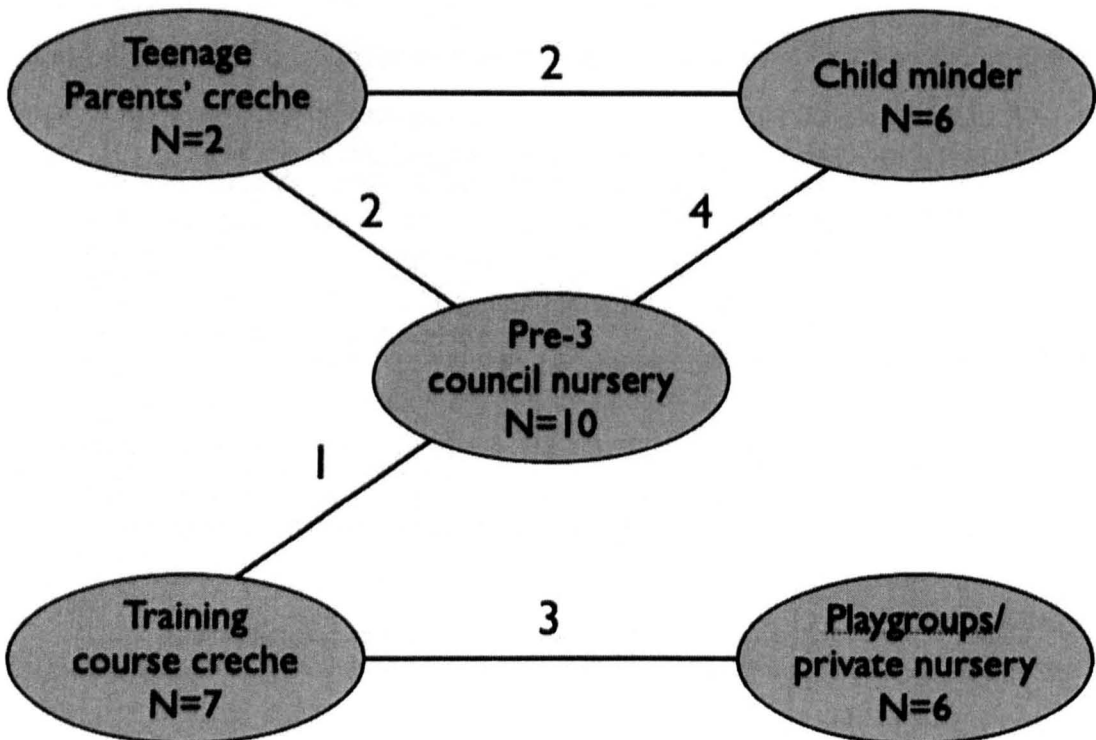
Two mothers, who had attended groups with older children, stopped when, after various traumas, they lost personal confidence despite still having young children.

6.14 Use of formal childcare before study child started school – The social class divide

Before they were three and started part-time nursery class at state school, most (70%) of the study children had been looked after under a formal arrangement. Six (20%) had been to playgroups or private nursery, seven (23%) to a creche linked with a training course, and 10 (33%) had attended the state (council-run) nursery. Taking account of overlap, a total of 20 children (67%) had been looked after in child-only formal settings. Including childminders, 21 children (70%) had officially been looked after by non-family outside the home.

Although in this study, only parents' decisions about playgroups, private nursery and teenage parents' group were taken into account, the overlap between the different types of formal childcare and characteristics of parents using each type proved interesting (Fig. 6.1).

Figure 6.1: Overlap between different types of formal childcare



There was something of a class divide between children attending playgroup or private nursery and those attending a council day nursery (to which children had to be referred by a health visitor). The former came from better-off households, not dependent on Income Support, with a total weekly income of more than £300 a week; all their mothers had GCSEs and only one of the six came from social classes DE. Where known, all had been to antenatal class. Children attending a council day nursery were from poorer families, more likely to rely on Income Support; only four (40%) of their mothers had GCSEs, seven (70%) households were in social classes DE, and only two (20%) had ever been to antenatal class. Four of these children had also been to a child-minder and in one case to the teenage parents' creche. The only childcare used by both sets of parents was a training course crèche.

Gibbons (1990) also found that playgroups attracted the most advantaged parents. The Millennium Cohort Study (George and Hansen 2007) found two very different types of parent used formal childcare¹⁰ for their three-year-olds more than others. One type was the richer, better-qualified and higher-class parents, for whom the groups might have been a means of transmitting social advantage (George and Hansen 2007). The others were those in the lowest education, occupation and income categories. These two groups might correspond to the non-overlapping groups of parents who used the council day nursery and private nursery and playgroups in my study.

Another key difference between the two in my study was that mothers of those attending the council nursery were much more likely to have been afraid to go out alone or meet new people in 2000 or 2003/4; six of the 10 (60%) were, compared to just one of the six (17%) of those who patronised playgroup or private nursery.

All those using formal childcare had also used parent and toddler groups, except three of the 10 children who had been to a council nursery before the age of three.

6.15 Conclusion

In the Stage 1 survey (2000), it transpired that there was a low level of use of early years groups in the study area, but considerable unmet need. Barely a fifth (19%) of parents of children under four had used a mother and toddler group or playgroup in the previous

year, though the same proportion wanted to use such groups more. The most common reason for not doing so was that they did not know the service was available, followed by problems of practical access. Social and psychological reasons were barely mentioned, but this could have been an artefact of the methodology; pre-coded answers on the interview showcard did not include this type of reason.

As regards patterns of group use, on average parents had considered three early years groups for the study child and taken him or her to two. But this disguises wide variations. Eight parents (27%) said they had not taken the study child to any groups, and a further three had only taken the child to one group once, whereas one mother said she had taken hers to seven groups.

More than one in three groups (37%) that parents knew of they did not use, one in seven groups (14%) they 'sampled' just once, and just under half (49%) they attended more often. Overall, groups that mothers picked out as their 'best' were attended over five times as often as ones rated their 'worst'. In some cases the same group could be one mother's favourite group and another's least favourite; what mattered was the fit between the mother and the group.

Sure Start and pre-existing groups tended to attract different parents; only six (27%) of the 22 parents using early years groups used both types. Attendances for pre-existing groups were more than one and a half (1.6) times that of Sure Start groups, perhaps because they had been in existence for longer and were not time-limited. However Sure Start groups seemed more successful in attracting parents for the first time; zero-attendance was lower at Sure Start groups (32%) than pre-existing groups (41%).

Some parents were long-term non-attenders, preferring that they and their children socialised informally. Some were temporary non-attenders, deterred at a certain time in their life by youth, lack of confidence or a belief that groups were only for first-time mothers.

A minority (20%) of children had attended child-only groups (mainly playgroups) as well as parent-and-child groups. These groups were attended more than twice as often

¹⁰ By formal childcare they meant nursery, creche, nursery school or playgroup.

and parents rated them more highly, often citing them as their 'best' group. This preference for some respite from children also showed itself in parent-and-child groups; those catering separately for children were much more likely to be named as mothers' favourite than those where both generations were in the same room.

A class divide was apparent in the use of formal childcare. Playgroup users tended to be better-educated, higher social class and have higher incomes than those whose children attended a council day nursery. This supports a Millennium Cohort Study finding (CLS 2007) that two very different types of parent used formal childcare, and that richer, better-qualified and higher-class parents may use private nurseries and playgroups to transmit social advantage.

This brief survey of attendance patterns at early years groups highlights two issues that warrant further investigation. What happens during a parent's first visit to a group that puts them off coming again more than one in five times? This had affected nine of the 22 parents who had attended parent-and-child groups (but none of those using child-only groups) and will be explored in Chapter 8. What factors are associated with a parent naming a group as their 'best' or 'worst' one, and how does this impact on how often they take their child? In other words, what are the most significant attractions and barriers to attendance at early years groups? This issue will be explored in Chapter 9.

Chapter 7

Who were the High Attenders at Early Years Groups?

7.1 Introduction

Did the parents who frequently took their young children to groups differ from those who did not? Were there differences between parents who regularly used Sure Start and pre-existing groups? These are the two questions this chapter sets out to answer by exploring characteristics of parents according to the range of variables (Chapter 5) based on the parenting model outlined in Chapter 3.

By the time I interviewed their parents, all study children had started state school. Seventeen were in the first year (nursery class) either part-time or full-time, and thirteen were full-time in the second year (reception class). Parents were asked which early years groups they had taken their child to since birth.

Parents were split into low attenders (including non-attenders) and high attenders, for methodological and substantive reasons (Chapter 4.15). High attenders were parents who said they had taken the study child to an early years group more than 20 times. In most cases these were parent-and-child groups, but in a minority of cases they were child-only groups such as playgroups. Low attenders had used groups less often or not at all.

In brief, the findings concurred with previous research in showing that higher social-class and richer parents were more likely to have been high attenders at pre-existing groups. Sure Start groups appeared to have broken the mould and seemed as acceptable to disadvantaged as to advantaged parents.

7.2 Measure of 'high' attendance

Parents were asked which groups they had ever attended with the study child, or had taken the child to, and how often. Although parents' memory was undoubtedly inaccurate in some cases, no other measure was available for pre-existing groups. However, for Sure Start groups, project records were another source. However these were also liable to

some inaccuracy. Although the most accurate measure might have been to combine the two sources, as Wiggins and others did (2004), this option was not available for pre-existing groups, so it was decided for the sake of consistency to rely on frequency reported by parents. The measure of ‘high’ attendance as 21 or more attendances, was chosen to minimise the effects of the known inaccuracies (Chapter 4.15).

7.3 Frequency of attendance

On average, parents reported that each study child attended early years groups 74.7 times, consisting of 49.3 attendances at pre-existing groups and 25.5 at Sure Start groups. Lower attendance at the latter was due to: their gradual emergence after 2000 as Sure Start gathered impetus, some of their groups being time-limited, and to four parents moving to areas without a Sure Start project. Pre-existing groups had been running for longer so parents knew about more of them. Of the 97 groups that study children had been to, 55 were pre-existing groups and 42 were Sure Start.

The most times a mother said a study child had attended pre-existing groups was 255 times, Sure Start groups 184 times, and all groups 300 times. These were likely to be an underestimate (Chapter 4.15). A child whose mother reported 184 Sure Start group attendances, for instance, was recorded as having attended over twice as often (356 times) on the Sure Start database. Spread of attendance frequency for the different types of group is shown (Figures 7.1, 7.2, 7.3).

Figure 7.1: Frequency of parent-reported attendance by study children at all early years groups 2000-2003/4

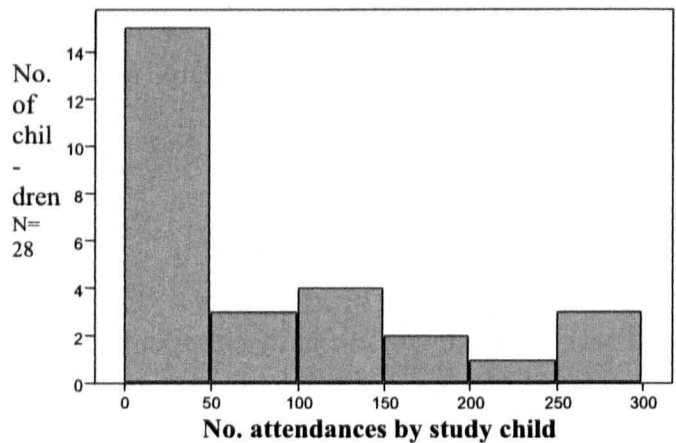


Figure 7.2: Frequency of parent-reported attendance by study children at pre-existing groups 2000-2003/4

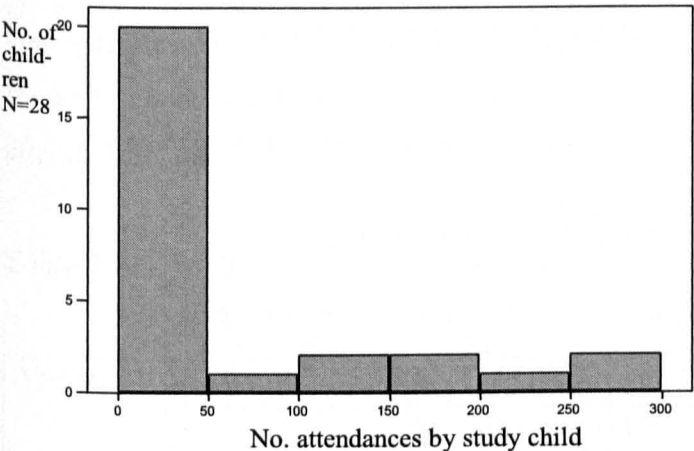
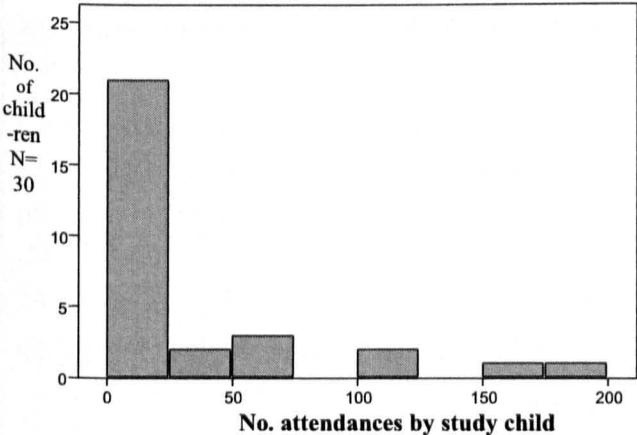


Figure 7.3: Frequency of parent-reported attendance by study children at Sure Start groups 2000-2003/4



7.4 Number of high attenders

Parents were divided into high and low attenders, according to whether they said they had taken their study child to groups more than 20 times from birth up to the second interview. Despite the difference in children’s ages, they had all had at least three years in which to have crossed this high-attendance threshold, as few attended groups after starting school.

The sample split roughly into half for high and low attendance at all groups – 13 parents (45%) had attended 0-20 times and sixteen (55%) had attended 21 times or more (Table 7.1). For both Sure Start and pre-existing groups, nine parents, just under a third of the

sample, were high attenders. This affects the statistical analysis inasmuch as only large differences between high and low attenders of Sure Start and pre-existing groups show up as significant. Although six parents had used both Sure Start and pre-existing groups, only two were high attenders (21 or more times) at both types of group. There were, then, possible differences between high attenders of the two types of group.

Table 7.1: Number of attendances at pre-existing, Sure Start and all groups

Study child's total number of attendances	Types of early years groups		
	Pre-existing N (%)	Sure Start N (%)	Any type N (%)
0-10 times	19 (66)	21 (70)	12 (41)
11-20 times	1 (3)	0 (0)	1 (4)
21+ times	9 (31)	9 (30)	16 (55)
<i>Total</i>	29 (100)	30 (100)	29 (100)

The only father interviewed had not taken his study child to any early years group and neither had his wife, so all attenders, and therefore all high attenders, were mothers.

7.5 Variables correlated against high attendance

High attenders were compared to no/low-attenders for the wide range of characteristics profiled in Chapter 5. All relate to 2003/4 and to parents unless otherwise stated. Some parents were high attenders with one of their children but not another; high or low group attendance was not necessarily a fixed behaviour.

First of all, characteristics which were associated with high attendance at groups of any type are examined, then high attendance at pre-existing and Sure Start groups are considered separately.

The following analysis is based on Fisher's Exact test where group attendance is a binary variable (0-20 times, 21 or more times) and other variables are binary or converted into binary form. In the latter case, the sample was generally split as near to half as possible in order to maximise expected cell counts and minimise violation of the test's requirements (Chapter 4.16).

7.6 Characteristics of high attenders at any group

Significant associations (Fisher's Exact test: $p < 0.05$) were found between high attendance at any group and 10 of the 138 variables; for two additional variables the association was borderline ($p = 0.05$) (Table 7.2). For three variables the association was very significant ($p < 0.01$); two were demographic (social class A-C2 and not receiving Income Support at either Stage 1 or Stage 2). The third was whether the parent had ever attended an ante-natal class.

Table 7.2: Characteristics of high attenders at any early years group

Variable	Parents' use of all groups			Fisher's Exact test
	N ¹	Low attenders ² N (%)	High attenders N (%)	Significance level - p (df)
Not on Income Support in 2000 or 2003/4	30	1 (8)	10 (63)	0.006 (1)
Mother had ever attended ante-natal class	27	2 (17)	10 (71)	0.008 (1)
Social class A-C2	30	2 (15)	11 (69)	0.008 (1)
Child often obedient	30	6 (46)	15 (94)	0.010 (1)
Parent had less than 2 physical health problems (last 3 months)	30	6 (46)	15 (94)	0.010 (1)
2000 – Child's father helped enough with child	30	4 (31)	13 (81)	0.010 (1)
Not on Income Support in 2003/4	30	4 (31)	12 (75)	0.027 (1)
Child not very easy as baby for average mother	30	4 (31)	12 (75)	0.027 (1)
Household has car	28	5 (42)	13 (87)	0.037 (1)
Child not attended council nursery before age of 3	30	6 (48)	14 (88)	0.041 (1)
Child had 2 or more growth/development problems since birth	30	2 (15)	9 (56)	0.052 (1)
Parent says area is child-friendly	30	2 (15)	9 (56)	0.052 (1)

¹ N = Total number of families for whom information on this variable was known.

² Total number of low attenders at all early years groups = 13, and of high attenders (N=16).

High attenders tended to be of a higher social class (A-C2), with access to a car, had not had to depend on Income Support in 2000 or 2003/4, and had fairly good physical health. They were more likely to describe their neighbourhood as child-friendly, to say their child was obedient and less likely to have sent him or her to a council day nursery. However they were marginally more likely to have found problems with the child's growth or development (including behaviour problems) and think s/he would have proved a difficult baby for the average mother. This could be because having such problems increased parents' need for support from a group (when the number of attendances by the parent with the child were counted, there was a very significant association between high attenders and their children having more than one growth or development problem - Fisher's Exact Test: $p=0.008$, $df=1$, $N=29$). Just as high attenders were willing to attend early years groups to meet this need, so they were more likely to have been to antenatal class, perhaps indicating a willingness to attend groups and courses to meet personal and health needs.

A picture emerges, then, of better-off parents going to groups more often than poorer parents. High attenders were more likely to own a car, be healthy, and have an obedient child who had not been referred to a council day nursery.

7.7 Comparison with high attenders in national surveys

The association between higher group attendance and higher incomes reflected both a finding of the Millennium Cohort Study (George and Hansen 2007) and the national *Parenting in Poor Environments* study³ (Ghate and Hazel 2002). Gibbons (1990) also found that the more advantaged parents were more likely to have used early years groups (71% compared to 46% of the less advantaged).

7.8 Characteristics of high attenders at pre-existing groups

Fifteen variables were significantly related (Fisher's Exact test: $p<0.05$) to high attendance at pre-existing groups, though none at a very high level ($p<0.01$) (Table 7.3). In four cases these mirrored those associated with high attendance at all groups (three

³ However in the national study, this finding was at a level of $p = 0.04$, which was not deemed significant for such a large survey.

being associated with higher income and social class⁴), echoing the fact that most group attendance (66%) in the study area during this period was of pre-existing groups. Two variables were marginally associated ($p=0.05$).

Table 7.3 Characteristics of high attenders at pre-existing groups

Variable	N ⁵	Parents' use of pre-existing groups		<i>Fisher's Exact test</i>
		Low attenders N (%)	High attenders N (%)	Significance level – p (df)
Resident or non-resident partner very supportive	30	7 (35)	8 (89)	0.014 (1)
High warmth from 3 key supporters and see them often	30	5 (25)	7 (78)	0.014 (1)
Limited child's TV viewing	30	5 (25)	7 (78)	0.014 (1)
Household has car	28	10 (53)	8 (100)	0.026 (1)
No difficult household change	30	12 (60)	9 (100)	0.033 (1)
Parent had less than two physical health problems (in previous 3 months)	30	12 (60)	9 (100)	0.033 (1)
Social class A-C2	30	6 (30)	7 (78)	0.041 (1)
High neighbourliness	30	6 (30)	7 (78)	0.041 (1)
Parent says area child-friendly	30	5 (25)	6 (67)	0.043 (1)
Child had 2+ growth/development problems since birth	30	5 (25)	6 (67)	0.048 (1)
No housing problems	30	5 (25)	6 (67)	0.048 (1)
Household has internet	30	5 (25)	6 (67)	0.048 (1)
Nuclear family	30	2 (25)	6 (67)	0.048 (1)
Not on Income Support in 2000 or 2003/4	30	5 (25)	6 (67)	0.048 (1)
At least one support gap 2000 or 2003/4	29	9 (47)	8 (89)	0.049 (1)
Age 30+	30	7 (35)	7 (78)	0.050 (1)
Own mother not key supporter	30	7 (35)	7 (78)	0.050 (1)

Like high attenders at all groups, high attenders at pre-existing groups were advantaged in several ways, demographically (higher socio-economic class, no Income Support at either time, car-owning household with internet access and no housing problems), in their

⁴ A-C2 social class, car-owning household, neighbourhood regarded as good for rearing under-fours, and household not receiving Income Support in 2000 or 2003/4.

⁵ Total number of families for whom information on this variable was known.

physical health, and socially (very supportive partner and warm frequent face-to-face support from their key supporters). Perhaps such mothers had good pro-social skills, able to sustain warm relationships with their partner and other close supporters, and also able to mix fairly easily at groups. They were marginally less likely to see their own mother as a key supporter, because their mother had died, lived abroad or they had fallen out. Perhaps such mothers relied more on groups to fill this gap in female support. Certainly they were more likely than others to have experienced a support gap in 2000 and/or 2003/4, and to this extent were needier than other parents. They had also experienced more problems with their child's growth or development from birth.

These high attenders also tended to be older parents (30 and over), and to believe that their neighbourhood was good for young children; perhaps the availability of a group they felt comfortable to attend played a role in this.

Ghate and Hazel's national survey (2002) found that parents who had used any semi-formal services (none of which at that time were Sure Start ones) were more likely to have a larger social network and to receive more types of support from it. These associations were not found in this study, though as stated, high attenders did have warmer relationships with their partner and three key supporters.

7.9 Characteristics of high attenders of Sure Start groups

In contrast with pre-existing groups, only two variables were found to be significantly related to parent-reported high attendance at Sure Start groups (Fisher's Exact test: $p < 0.05$) (Table 7.4).

High Sure Start attenders were very positive towards professionals⁶. Perhaps parents who felt most positively about professionals were more likely to use a professionally-managed project such as Sure Start, or perhaps a satisfactory experience at a Sure Start group gave these parents more confidence in professionals (although the groups themselves tended to be run by local paraprofessional workers).

⁶ Strongly agreeing with the statement 'I always trust professionals to keep the things I tell them confidential' and strongly disagreeing with 'If you ask for parenting advice from professionals, they start interfering or trying to take over'.

Table 7.4 Characteristics of high attenders at Sure Start groups

Variable	N ⁷	Parents' use of Sure Start groups		Fisher's Exact Test
		Low attenders N (%)	High attenders N (%)	Significance level – p (df)
Not satisfied with housing	30	3 (14)	5 (56)	0.032 (1)
Very positive towards professionals	29	4 (20)	6 (67)	0.032 (1)

The connection between lack of satisfaction with housing and high Sure Start attendance is not clear; perhaps lack of space or other problems meant the parent appreciated the chance to get out of their house or flat more. This appeared to be the case with the US Head Start scheme. Poorer housing conditions was one of only two variables significantly associated with high use of Head Start⁸, possibly because such parents appreciated the good physical conditions of project premises, including warmth (Lamb-Parker and others 2001). Certainly during some of the interviews for this study during winter daytime when children were at school, heating had been switched off and houses were cold.

If the more accurate attendance figures for the 23 parents where project data were also available are considered (using the higher figure reported by parents or the project database, see Chapter 4.15), all six of those reporting problems with coldness and condensation had attended Sure Start groups 11 or more times⁹, as had seven of nine reporting too little space. Similarly, nine of 11 parents (82%) who wanted to move house had attended Sure Start more than 10 times, compared to five out of 12 (42%) of those who did not want to. However, these associations did not reach significance at a $p < 0.05$ level. As to why these parents chose to go to Sure Start rather than pre-existing groups, perhaps they did not feel they fitted the demographic profile of high attenders at pre-existing groups (that is, better-off households).

⁷ Total number of families for whom information on this variable was known.

⁸ The other was parents feeling shy and nervous of others.

⁹ This lower threshold of 11-plus Sure Start attendances would have reflected the fact that parents attended these groups around half as often as pre-existing groups. For the 23 parents for whom a more accurate attendance frequency could be compiled (from the higher figure of parent report and project database – see Chapter 4.15), 14 parents had attended 11 or more times and nine less often.

One other variable showed a significant association with higher Sure Start attendance at this 11-plus threshold. Of the 23 parents, all seven who had an ambivalent relationship with their own mother had attended Sure Start 11 or more times (Fisher's Exact test: $p=0.019$, $df=1$, $N=23$). Only one of these had attended pre-existing groups more than four times. Perhaps the project with its staffed groups met a need among such women for support; all those with an ambivalent relationship with their mother received low emotional support from their three key supporters (Fisher's Exact Test: $p=0.003$, $df=1$, $N=30$).

The lack of other variables associated with high Sure Start attendance could indicate how well the project appealed to all types of parent. Just as Sure Start did not favour the better-off and otherwise advantaged parents, neither from this evidence did it favour the poorer and less advantaged ones¹⁰. Although such parents on the whole tended to stay away from pre-existing groups, they did feel able to use Sure Start groups.

7.10 Did Sure Start help those with unmet need identified in 2000 attend more groups?

As far as whether the Sure Start project achieved its aim of providing services to meet the unmet need identified in 2000 by the Sure Start baseline survey (Chapter 4), this will be considered in terms of three themes identified by this survey and the project's three-year report (Boushel, Burton and Burns 2004) - age, socio-economic class and 'need'.

Younger parents in 2000, especially those under 26, were keen to make more use of playgroups and mother and toddler groups (Chapter 6.4). However in 2003/4, only two of eight (25%) of this age-group were high attenders at all groups compared to 14 out of 21 (67%) older parents, though this difference was not significant (Fisher's Exact test: $p=0.092$, $df=1$, $N=29$). The same pattern prevailed for both pre-existing and Sure Start groups, with only one of the nine high attenders in each case being under 26. However, when the sample was divided more equally, into parents under 30 and those aged 30 and above, a difference in group attendance did emerge. Parents in their 30s and 40s in 2003/4 were more likely to be high attenders at pre-existing groups (Fisher's Exact Test:

¹⁰ Although most parents perceived Sure Start as being for 'everyone', many also believed it was targeted at needier parents (Appendix 7).

$p=0.05$, $df=1$, $N=29$) but not at Sure Start groups, indicating that Sure Start appealed more to parents under 30 than pre-existing groups (Table 7.5).

Table 7.5 High attenders of different early years groups according to age of parent

Parent's age	High attenders (21+ times)		
	Pre-existing groups (N=9) N (%)	Sure Start groups (N=9) N (%)	All groups (N=16) N (%)
Under 30 (N = 15)	2 (13)	4 (25)	6 (40)
30 and over (N = 14)	7 (50)	5 (36)	10 (71)

In 2000, parents in socio-economic classes DE were higher users of the more structured (and free) early years services such as the family centre (Chi-Square= 4.271, $p=0.050$, $df=1$, $N=291$) and early years centre (Chi-Square=6.712, $p=0.010$, $df=1$, $N=291$), and were keen to use the family centre more (Chi-Square=5.820, $p=0.013$, $df=1$, $N=301$). However there was no significant difference in their use of mother and toddler and playgroups.

In 2003/4 DE parents were significantly less likely than classes A-C2 to have been high attenders at the largely independently-run pre-existing groups (Fisher's Exact Test: $p=0.041$, $df=1$, $N=29$) and at all groups (Fisher's Exact Test: $p=0.008$, $df=1$, $N=29$), but not at Sure Start groups (Table 7.6).

Table 7.6 High attenders of different early years groups according to socio-economic class of parent

Parent's social class	High attenders (21+ times)		
	Pre-existing groups (N=9) N (%)	Sure Start groups (N=9) N (%)	All groups (N=16) N (%)
Social class A-C2 (N=13)	7 (54)	5 (39)	11 (85)
Social class D-E (N = 17)	2 (13)	4 (24)	5 (31)

As far as need was concerned, the local Sure Start three-year report (Boushel, Burton and Burns 2004) noted that parents in highest need (who had been referred for the Family Link Worker service, primarily to help them start attending groups) were not the highest users of Sure Start services; a third dropped out before attending any groups. Similarly, this present study did not find any of the key variables indicating need (such as mental health, CPQ current problem score, or poverty) were associated with high Sure Start use. This may have been because parents with different levels of need used the project; some were high-need but three were low-need, held responsible roles in the project and had attended over 100 times.

7.11 The dominance of very high attenders

Small groups of high users dominated both Sure Start and pre-existing groups. In each case the top four users (31% of users whose attendance was known) accounted, respectively, for 70% and 66% of all parent-reported attendances; they had used pre-existing groups for the study child at least 190 times, or Sure Start groups at least 100 times. In the case of Sure Start this finding was triangulated by records in the project's database showing that a small group (20%) of high users accounted for over two-thirds of Sure Start service use, reflecting the position in the study area generally (Boushel, Burton and Burns 2004). Nationally, Anning and Ball (2007) also found that Sure Start Local Projects were dominated by core groups of high users.

7.12 Different types of high attender

Different types of parents used early years groups in different ways, as previous studies have noted (Gibbons 1990, Tunstall and others 2005). Gibbons contrasted 'consumers' (fairly confident service users) with 'clients' (who needed support to access services) and 'members' (who both used and helped run services, and were more satisfied with the service, reflecting parents' need to feel empowered not stigmatised by service use). Similarly, three types of Sure Start user have been identified (Garbers and others 2006, Tunstall and others 2005). 'Autonomous' users accessed services without help, 'facilitated' users needed help such as a befriender to use services, and 'conditional' users could only use services on their own terms, perhaps entirely through home visits. Featherstone and others (2007) questioned how discrete these types of user were, observing that parents could move from one to another over time.

Of the nine high Sure Start users in this study, three were low-need, confident parents with a role in the project (parent managers or group facilitator); in Gibbons' (1990) terminology, these were 'members'. Four could be classed as 'autonomous' (Garbers and others 2006, Tunstall and others 2005) or 'consumers' (Gibbons 1990), using the service without help and having medium-to-high self-esteem. Two were 'facilitated' users (Garbers and others 2006; Tunstall and others 2005) or 'clients' (Gibbons 1990) with low self-esteem who had needed substantial encouragement to attend groups.

As for high attenders of pre-existing groups, once again levels of self-esteem seemed to divide them. Four were highly confident, one of whom helped run a group. Two had medium self-esteem but were still 'autonomous' users, and three had low self-esteem and had needed help to attend; one only attended because her daughter was there, one was accompanied initially by her cousin, and the third left it mostly to her mother to take her daughter to groups, as she did not like attending them and was a full-time worker. These different types of high attender are explored in further detail in Chapter 10.

The fact that only a minority of high attenders were the most disadvantaged parents reflects the national finding that many Sure Start projects did not reach those in greatest need. Anning and Ball noted that many Sure Start projects were not used by the most high-need families, such as those struggling with drug or alcohol abuse, mental health problems, domestic violence or criminality or those with limited English, who could be left "outside the loop of intervention" (Anning and Ball 2007:108). Belsky and Melhuish (2007) found that the less disadvantaged families could gain more from Sure Start than the more disadvantaged:

"... among the disadvantaged families living in the deprived SSLP (Sure Start Local Programme) areas, those parents or families with more personal, social and economic resources available to them were better able to take advantage of SSLP services and resources than those with fewer resources (i.e. teen parents, lone parents, workless households)." (Belsky and Melhuish 2007: 150)

A similar situation prevailed in the U.S.A. with the Early Head Start programme; moderately disadvantaged families gained more than severely disadvantaged ones (Love and others 2002). Belsky and Melhuish (2007) found in addition that the more advantaged parents not only gained more from Sure Start but did so at the expense of

their more disadvantaged colleagues; while their children had some better outcomes than in non-Sure Start areas, children from the more disadvantaged families had some poorer outcomes (for instance children of teenage mothers had poorer behaviour and social competence) than in non-Sure Start areas. In other words, children from the most disadvantaged families living in a Sure Start area were worse off than those living in other areas.

These findings reflect the differential ability of people to take advantage of universal interventions. Reviewing interventions in the U.S., Ceci and Papierno (2005) noted the 'Matthew' effect, which is acknowledged in many social science disciplines, whereby the most advantaged gain most from any resource or intervention, while the most disadvantaged lose most:

"For unto every one that hath shall be given, and he shall have abundance; but from him that hath not shall be taken away even which he hath." (Gospel of St. Matthew 1921: 25:29)

The process by which this happens involves two elements, performance-based benefits and utilization-based benefits (Ceci and Papierno 2005). Not only do advantaged families gain more from an intervention in itself than disadvantaged families, but they also found it easier to access and were more willing to use it. Disadvantaged groups:

"may refrain from participation because of a history of discrimination, distrust, or powerlessness." (Ceci and Papierno 2005: 153)

These researchers cited a study carried out by Spoth, Redmond, Hockaday and Shin (1996), which found that the barriers to service use were higher for poorer families, particularly worries about privacy violation and general resistance to outside involvement in family affairs. Certainly it is poorer families that face most intervention by professionals, and the highest chance of their children being taken into care (Baldwin and Carruthers 1998). As Quinton (2004) observed, parents have to be their own key worker and it can take a deal of energy, knowledge and skill to make the most of opportunities (Chapter 3).

7.13 Conclusion

This quantitative analysis did identify some characteristics of parents who took their children to early years groups more than 20 times. In several ways these high attenders were advantaged: they were healthier, in a higher socio-economic class, had access to a car, and better-supported by a partner in the child's first year of life. More had had the confidence and motivation to attend antenatal class, the same trait which may have enabled them to take their child to early years groups. However, in one way, they were disadvantaged; they had experienced more problems with their child's growth and development than low attenders.

Comparing high attenders of Sure Start and pre-existing groups, some differences became apparent. Whereas higher socio-economic class, car-owning parents were high attenders at pre-existing groups, they did not predominate at Sure Start groups. Those with no housing problems tended to attend pre-existing groups, but those dissatisfied with their house or flat were more likely to attend Sure Start groups. Whereas high attenders at pre-existing groups were well-supported, by their key supporters and by their partner or the child's other birth parent, high Sure Start attenders were neither well nor poorly supported. High attending parents of both types of groups experienced some kind of deficit in support from their own mother, and to some extent groups may have filled that need.

High Sure Start attenders could only be characterised by two variables, and seemed to encompass a broader church than high attenders at pre-existing groups, indicating that the project had achieved its aim of being a universal service. Although two-thirds of the parents thought Sure Start was for parents disadvantaged in some way, perhaps its main achievement was that it did not favour materially- and socially-advantaged parents as pre-existing groups did.

Overall, the results of the statistical analysis were disappointing. Only a small number (10) of the 138 variables tested showed any significant associations with high attendance at all groups, indicating that high and low attenders were not discrete and homogeneous groupings. To understand more about why some parents frequently took their children to

groups and some did not, a thematic analysis of parents' comments about groups was undertaken (Chapter 8).

Small groups of very high attenders seemed to dominate use of both Sure Start and pre-existing groups. Different types of high attender could be identified, from the highly confident to those with low self-esteem, again reflecting a national pattern (Gibbons 1990, NESS 2205, 2006) and the 'Matthew' effect noted by Ceci and Papierno (2005).

All these findings are accompanied by the caveat that parent-reported number of attendances at various groups over the previous three to four years was bound to be inaccurate, as comparison with local Sure Start records showed (Chapter 4.15). The 21-plus threshold drawn as the level for high attendance was designed to minimise this inaccuracy, but was nevertheless somewhat arbitrary.

Chapter 8

What did Mothers think of Groups?

This chapter is divided into four parts – an overview of the topics and themes concerning parents' use of early years groups, then a detailed examination of the two major topics – factors concerning mother and child's relationships with their peers, followed by a discussion of social danger, social class and parents' comments in the light of group theory. As the only father interviewed had not considered his child attending any early years groups, almost all comments included in this chapter were made by mothers¹ so this term is used rather than 'parents'.

The comments concern the 104 early years groups considered by the 30 parents, 97 for the study child and seven for siblings; 61 were attended by the study child, five by siblings (Chapter 6). All numbers given relate only to the groups considered for and/or attended by the study child, but quotations in the thematic analysis in Parts II and III relate also to groups considered for and attended by siblings.

PART 1 – OVERVIEW OF TOPICS AND THEMES CONCERNING MOTHERS' ATTENDANCE AT GROUPS

8.1 Introduction

What did mothers think of groups they attended or had considered attending? Open questions were asked about what parents thought was good and bad about the groups they had attended (or taken their children to), why they stopped attending, what could have been improved, and which group was their favourite ('best') and which their least-liked ('worst'). Parents who decided not to attend a group were asked why. All these comments were drawn together for this thematic analysis. As in the last chapter, the focus here is on mothers' decisions about and experience of individual groups.

Up to now, little research has been done with a community sample of parents at the micro-level of group attendance, particularly non-attendance, so this study was primarily exploratory. Although small in scale, it identified important drivers regarding group attendance, which future larger-scale studies could test out.

Although this chapter reports the results of a thematic, qualitative analysis, the number of comments on each theme is recorded in order to assess the relative importance of each. As the sample does not differ significantly from the cohort from which it was drawn (except for having a higher income, higher Malaise score and being more likely to be 'very satisfied' with their home - Chapter 4.8.2), and the cohort comprised one-third of all the children of that age in the study area, this quantization of the qualitative findings could be regarded as indicative for the whole cohort in the study area.

The most striking finding was the predominance of mothers' and children's social and psychological factors. These were termed peer factors, inasmuch as they concerned actual, perceived or imagined relationships (Hogg and Vaughan 2005 4E) with other parents or children in the group, and accounted for nearly half (46%) of all the mothers' comments about groups (excluding source of awareness and perception of who the group was for). These were more important than any topic, such as practical access, childcare and how well the group was run, and are reported in detail in the second half of this chapter.

8.2 Topics and themes

Mothers' views on specific groups were analysed according to themes (Table 8.1). Some of these themes tied in neatly with those expected from the research literature and from a draft model drawn up after attending Sure Start team meetings for two years. However this model had to be changed and new items added which emerged from the interview data, consonant with the grounded theory approach (Glaser and Strauss 1967).

¹ This father commented on perception of who one group was for, and how he found out about it.

Table 8.1: Parents and Groups – Topics & Themes

Topic	Themes	
Source of Awareness	Relative	Sure Start direct
	Friend, neighbour, acquaintance	Printed source – poster, leaflet, newsletter
	Professional	
Perception	‘Normal mums’, anyone	Mothers needing support
	Single parents	Young parents
	First-time mums	Working-class families
	Non-working parents	Low-income families
	‘Rough’ parents/children	‘Charity cases’
	Other	
DECISION FACTORS		
Mother-peer factors	Knew someone/no-one at group	Group friendly/cliquest
	Group ‘my class’ or ‘not my class’ (stuck-up or ‘rough’)	Mother did not feel she ‘fitted in’
	Small group	Mother’s personality, especially not confident
Child-peer factors	Group friendly/ ‘rough’	Child’s personality
Worker-mother relationship	Warmth – nurturing, friendly	Empowering
	Professional – competent, fair	Known or new, ‘Like us’
Worker-child relationship	Treated child as individual	Warm or cool
Practical access	Time	Place
	Cost	Other
Child safety	Supervision	Unhealthy, smoky, dirty
	Security of premises	Safety of toys/play equipment
	Safety of venue	
Parent-child access	Acceptable or unacceptable level of access	
Organisational access	Eligibility of child/parent	Availability of places

Table 8.1 (continued):

Parents and Groups – Topics & Themes

Topic	Themes	
OUTCOMES FROM GROUP ATTENDANCE		
Mother gains/losses	Socialising	Refreshments
	Interesting or boring	Level of interaction with child
	Enjoyable	Supportive
	Access to information/resources	
Child gains/losses	Socialising	Chance to learn
	Structure of group activities	Happy
	Play premises and toys	Capacity-building
	Access to book/toy library	Other

Topics were divided into three sections:

- **awareness and perception** – how the mother found out about the group, and what sort of families she thought the group was for; this latter covered issues of inclusion and stigma. If she did not think the group was for people like her, then she would not seriously consider attending it. Likewise, if she did not know of the group, there was no decision to make.
- **decision factors** – these were the issues which affected the mother's decision whether or not to attend a first time, and whether to keep attending a specific group
- **outcomes from group attendance** – these were what mothers considered to be the gains and losses to themselves and their child of attending a group².

² Inasmuch as parents might know in advance what the benefits of attending a particular group would be (such as free access to a toy library, the chance of a break from childcare, or to mix with friends), they would be able to assess how useful it would be in meeting their needs; previous research has termed this 'relevance' (Chapter 3.4.4). However in this study, relevance is split between decision factors (what anticipated gains or losses attracted or repelled a parent from a group), and outcomes from actual group attendance for mothers and children.

Each topic consisted of several themes, and each theme in decision factors and outcomes was split according to whether the comment was positive, negative or mixed. Positive comments identified the attractions of a group, negative comments the barriers to attendance. Mixed comments often echoed change in a group attended by the mother for some time, usually where a positive experience was followed by a negative one, leading to the mother leaving.

All comments made by mothers about groups they had considered attending either with their study child or with other children were included in the qualitative analysis, in order to obtain as full a picture as possible of the carrots and sticks that influenced whether a mother took their child to groups. However, the number counts relate solely to specific groups the mother considered taking the study child to (Table 8.2). For brevity, parents are often referred to as attenders even when, in the minority of cases, they took their child to a child-only group.

Table 8.2 Number of comments mothers made about groups they considered attending with their study child

Topic	No. comments
Source of awareness	64
Perception	38
Decision Factors	213
Outcomes from group attendance	171
<i>Total</i>	<i>486</i>

8.3 Awareness and perception

8.3.1 Awareness – How the mother found out about the group

Mothers were asked how they had found out about the local groups they named³ (Table 8.3). This was by ‘word of mouth’ from relative, friend, neighbour or acquaintance, or from a professional such as a health visitor. In other cases, mothers became aware

³ Details were only obtained for 64 of the 97 groups considered by mothers for the study child, because where a mother named several groups during the already long interview, it was felt more useful to focus on what she thought of each group rather than how she had found out about it.

through seeing leaflets or posters, a school newsletter or being sent a 'Sure Start' information pack.

Table 8.3: Sources of awareness of groups

Sources of awareness		Groups N (%)
General type	Specific type	
Word-of-mouth - personal	Friends/neighbours/ acquaintances	24 (39)
Printed material	Poster, leaflet, school newsletter	15 (23)
Word-of-mouth – professional	Health Visitor	9 (14)
Word of mouth – personal	Relatives	8 (12)
Direct from project	Letter, visit or information pack from Sure Start	8 (12)
All		64 (100)

Some mothers had used the group before, perhaps for an older child, and their source of awareness was classified according to how they had initially found out about the group. Sometimes a mother found out about a group in more than one way and were classified according to which source the mother regarded as the most influential. However, it is recognised that publicity of various types has a cumulative and reinforcing effect.

8.3.2 Perception - Inclusion and stigma – 'Is this group for people like me and/or my child?'

Mothers' perception of what sort of people attended a group could be crucial in determining whether they would attend it themselves. Some mothers, for example, would avoid a group felt to be for 'rough' or needy people, or otherwise stigmatised. However, many saw groups as aimed at 'normal mums'. Some mentioned groups being for particular demographic categories, such as single or young mothers, and in one case for a particular psychological category, for 'confident people'.

In general, mothers were only asked this question if they had chosen not to attend a group. Their answers are examined in more detail in Appendix 7, along with their beliefs

about who the Sure Start project was for and whether this was linked to whether they had attended Sure Start groups.

8.4 Decision factors and outcomes from group attendance - Frequency of topics mentioned

Mothers made 213 comments about factors relating to their decision to take their study child to specific groups. The topic which dominated these decisions on whether or not to start and keep attending a group was mother-peer factors (Table 8.4). For both mothers and children, these accounted for just over half (108 of 213, 51%) of all comments on decision factors.

Table 8.4: Topic breakdown of mothers' comments about decision factors affecting attendance at groups

Topic	Mothers' comments about factors affecting attendance at groups	
	N	(%)
Mother-peer factors	88	(41)
Mother-worker relationship	30	(14)
Practical access	27	(13)
Child safety	21	(10)
Child-peer factors	20	(9)
Mother-child access	13	(6)
Organisational access - group open to child	8	(4)
Child-worker relationship	6	(3)
Total	213	(100)

When outcomes from group attendance were considered, again the largest proportion (40%) of the 171 comments about gains and losses also concerned peer factors, whether mothers and children enjoyed socialising with their peers and whether mothers felt supported by them (Table 8.5).

Table 8.5: Breakdown of mothers' comments about gains and losses for themselves and their child from attending a group

Topic	Gains and losses for mothers and children of attending a group	
	N	(%)
Mother/child-peer factors	69	(40)
Cognitive aspects	29	(17)
Mother/child happy	18	(10)
Mother-child access	15	(9)
Physical – refreshments and exercise	15	(9)
Structure of child's session	9	(5)
Play – premises and toys	7	(4)
Access to resources	6	(3)
Other	5	(3)
Total	171	(100)

8.5 Decision factors - Topics

A brief outline of the topics affecting mothers' decisions on whether to attend groups follows, including the frequency with which each constituent theme was mentioned.

8.5.1 Mother-peer factors – 'What would the group be like for me to attend?'

Faced with the prospect of attending a group, mothers could feel anxious. What would it be like? Would it make them feel awkward, embarrassed or uncomfortable, or would it be pleasant, affirming, something to look forward to? Part of this decision was made before the mother entered the door, and in some cases stopped her attending altogether. Usually the decision was made after attending just once. The experience may have been so pleasant that she wanted to return, or so horrible that she resolved never to go not only to this group again, but to no other.

Whether the mother found the group socially and psychologically comfortable was related mainly to three group-level factors – whether she knew anyone there, whether the group was welcoming to outsiders or cliquey, and whether she perceived others there to be of similar socio-economic class to herself (Table 8.6).

There were also individual-level factors which affected the mother's socialising, such as her level of confidence and need for company.

Table 8.6: Themes in mothers' comments about mother-peer factors

Topic – Mother-peer factors		No. groups commented on
Type of factor	Themes	
Group-level	Knowing someone or no-one	33
Group-level	Friendly/welcoming or cliquey	23
Group-level	'My class' or 'Not my class'	15
Group-level	Mother doesn't fit in	6
Group-level	Small group	2
Individual-level	Mother lacks confidence	8
Individual-level	Mother is happy with own company	1
<i>Total</i>		88

8.5.2 Child-peer factors – 'What would the group be like for my child to attend?'

Whether the group was a pleasant or painful experience for the child was also an important consideration. Key factors were the behaviour of other children and the child's personality (Table 8.7). Whereas for mothers, group-level factors overwhelmingly predominated over individual ones (80 compared to 9), for children, mothers mentioned the two types equally as often.

Table 8.7: Themes in mothers' comments about child-peer factors

Topic – Child-peer factors		No. groups commented on
Type of factor	Themes	
Group-level	Other children friendly or rough	10
Individual-level	Child 'clingly' (regarding child-only group)	4
Individual-level	Child 'nervous loner'	3
Individual-level	Child 'rough'	2
Individual-level	Child 'refused' to attend	1
<i>Total</i>		20

8.5.3 Mother-worker relationship – ‘How do I get on with workers?’

How mothers got on with staff (or in some cases volunteer mothers) running groups was the second most frequently-mentioned topic. Key factors were how warm mothers found the workers, how they were treated (respectfully or ‘like children’), and how closely they identified with the workers (feeling they were ‘like us’ or alien) (Table 8.8).

Table 8.8: Themes in mothers’ comments about the mother-worker relationship

Themes – Mother-worker relationship	No. groups commented on
Worker was friendly/warm or not	11
Worker was empowering or not	8
Worker was competent or not	5
Worker was ‘like us’ or not	2
Worker was fair or not	2
Worker was known or new	2
<i>Total</i>	<i>30</i>

8.5.4 Child-worker relationship – ‘How does my child get on with workers?’

There were relatively few comments about the child-worker relationship, perhaps because many groups did not have playworkers. Mothers commented on whether their child’s individual needs were being catered for (particularly if they had a disability or particular problem), and whether the worker’s attitude towards the child was harsh or warm (Table 8.9).

Table 8.9: Themes in mothers’ comments about the child-worker relationship

Themes – Child-worker relationship	No. groups commented on
Worker gave child individual treatment	4
Worker was warm or harsh	2
<i>Total</i>	<i>6</i>

8.5.5 Practical access – ‘Could I get there at the right time and pay the cost?’

Mothers commented mainly on the location and timing of groups and less on the cost (Table 8.10). Practical access tended to be mentioned in its absence much more than its presence.

Table 8.10: Themes in mothers' comments about practical access

Topic – Practical Access		No. groups commented on
Factor	Themes	
Time	Not enough time	4
Time	Clash with mother's work	3
Time	Clash with children's schooling or sleep	3
Time	Convenient or inconvenient time	3
Time	Unreliability	2
Place	Venue	2
Place	Distance and familiarity	5
Cost	Too high	3
Other		2
All		27

8.5.6 Child safety – ‘How safe is my child?’

Supervision was the key safety concern of mothers. Mothers wanted to be sure their child would be well-enough supervised if they could not do this themselves (in groups where they were looked after separately (Table 8.11). They also wanted to safeguard their child against risk of an accident, of wandering away and dangers to health.

Table 8.11: Themes in mothers' comments about child safety

Themes – Child safety	No. groups commented on
Supervision	9
Unhealthy, smoky, dirty	4
Security	3
Safety of toys or play equipment	3
Safety of venue	2
<i>Total</i>	21

8.5.7 Mother-child access – ‘Am I and my child happy with the level of contact we will have?’

A key concern of mothers in their decision about whether to use an early years group, was what access they and their child would have to each other, and whether this was satisfactory, from both a moral and emotional point of view. Some wanted children in the same room as themselves, some valued children becoming more independent by being looked after separately, while others felt it was not right to leave their child with strangers. The decision could also depend on the child's age and the anxiety of both mother and child about separation, as well as the availability of places.

Whatever a mother's feeling about whether her child should be in the same room or looked after separately, it was important that she was happy with the level of access to her child. Eight mothers commented on this, concerning 13 groups (Table 8.12).

Table 8.12 Theme in mothers' comments about mother-child access

Themes – Mother-child access	No. groups commented on
Level of contact acceptable to mother and child	13
<i>Total</i>	13

8.5.8 Organisational access – Eligibility and availability – ‘Is there a place for me and/or my child?’

Some mothers did not use groups because they believed that they or their children were not eligible, or the group was full. Only once was this topic mentioned positively; as with

practical access, it tended to be noted in its absence rather than its presence. Groups' accessibility was mostly taken for granted.

Age was the main eligibility factor mentioned, undoubtedly reflecting the presence of Sure Start in the area, which was only for children under four (Table 8.13). Whether a place was available was another consideration. The group could be full, or it may have closed.

Table 8.13: Themes in mothers' comments about organisational access

Themes - Organisational access	Themes	No. groups commented on
Eligibility of child	Age	4
Eligibility of mother	Other	1
Availability	Full	2
Availability	Closed	1
Total		8

8.5.9 Decision factors – Overall comments

Peer factors were the key ones affecting mothers' decisions on whether to attend groups, accounting for just over half (51%) of all comments. For mothers, group-level factors (social dynamics) overwhelmingly predominated over individual-level ones (maternal psychology).

Mothers made over four times as many comments about peer factors for themselves as their children (88 compared to 20), reflecting previous research findings that mothers' main motivation for continuing to attend a group was the benefit to themselves (Ghate and Hazel 2002, Ramey and Ramey 1998). If they did not want to attend a parent-and-child group, they would not take their child.

8.6 Outcomes from group attendance

Outcomes from group attendance were the gains or losses the mother reported, either for herself or her child of attending a group. Peer factors (socialising for mothers and

children and whether mothers felt supported) were the most important outcome in both cases, with cognitive factors coming second for children and third for mothers (Tables 8.14, 8.15). Refreshments were the second most important outcome for mothers, but were barely mentioned for children. The group’s framework, determined by the service provider, was important for mothers and children. It could allow mothers a break from childcare, or quality time with their child; it also determined how structured children’s activity was.

Table 8.14: Themes in mothers’ gains and losses from attending groups

Mother’s gain or loss from attending a group	Comments N (%)
Social – socialising (<i>peer factor</i>)	28 (34)
Physical - refreshments	13 (16)
Cognitive – interesting/boring	12 (15)
Framework - level of interaction with child	11 (13)
Emotional – enjoyable or not	9 (11)
Emotional – support (<i>peer factor</i>)	6 (7)
Resources - access to information/books/equipment	3 (4)
Total	82 (100)

Table 8.15: Themes in mothers’ comments on gains and losses for their children from attending groups

Child’s gain or loss from attending a group	Comments N (%)
Social – socialising (<i>peer factor</i>)	35 (39)
Cognitive – opportunity to learn or not, interesting or boring	17 (19)
Framework - structure of group activities (acceptable to mother)	9 (10)
Emotional – happy or not	9 (10)
Physical - Play premises and toys	7 (8)
Capacity-building – independence and empowerment	4 (5)
Resources – borrow books or toys	3 (3)
Other	5 (6)
Total	89 (100)

PART II - MOTHER-PEER FACTORS

8.7 Introduction

Mother and child peer factors were the most powerful topics affecting group attendance, accounting for more than half (51%) of all comments that mothers made about their decision to attend groups and 40% of mother and child gains and losses from doing so. All but three (88%) of the 25⁴ mothers who said they had attended groups with any of their children commented on mother-peer factors, either on a group or individual level.

Joining a group for the first time takes a certain kind of courage, particularly if the newcomer goes alone and knows no-one else. Mothers often commented on this fear. They also remarked on how group members treated them and each other and on the 'fit' with other members, particularly regarding social class. Such factors determined whether mothers felt the group would be a comfortable, psychologically safe place or not, and were crucial to whether they plucked up enough courage to cross the threshold, how often they attended, and how much they enjoyed the group.

Unease at being a stranger among insiders was almost universal, even among those with high self-esteem. Faced with a group where they knew no-one, only two of the 30 mothers were confident enough to join and become regular attenders; both were over 35 and had post-16 qualifications. Fear of joining groups was particularly severe among unqualified mothers with low self-esteem who were shy of going out alone or meeting people. Such mothers I have termed 'group-fearful'. If groups are thought of as semi-public domains where interaction can be observed by others, then it can be seen that a certain amount of courage is required to 'perform', not to mention the perils of group dynamics. It may be regarded as normal, indeed functional, to avoid entering a group as a stranger, safer both psychologically and physically. This is graphically recognised in some smaller-scale societies where people are less mobile (Liedloff 1986), and the legacy appears to persist in modern society.

⁴ This number is taken as the base rather than the 22 who had taken the study child to groups, because the three mothers who had taken other children to groups but not the study child, had considered taking the

Underlying these mother-peer factors, then, were personality traits, such as shyness and self-esteem. One question in the Malaise questionnaire identified a type of shyness⁵, and self-esteem was also measured. Such traits were associated with group attendance but were not necessarily permanent features of the mother's personality; life events could enhance or diminish a mother's self-confidence, leaving her more or less likely to attend groups. Confident enough to join a group at one point in her life, a mother might then, after various traumas, become fearful, and vice versa. Peer factors for any particular mother and for any particular group could change over time and circumstance.

Some mothers felt no need to attend groups. They had either tried and disliked them, or had never been to them; they chose not to attend, but not through fear. (Such mothers I term 'group-avoiders' in Chapter 10.) They generally had an active informal social life and did not need to attend groups to socialise. This key distinction between the two groups of low-attenders – those who chose not to attend groups and those who were afraid of groups is an important one, explaining why so few demographic and support variables were associated simply to whether mothers were high or low group attenders (Chapter 7).

The commonest mother-peer factor mentioned was whether mothers already knew someone at the group (mentioned by 72% of the 25 who had been to groups), followed by whether they found it welcoming or cliquey (mentioned by 64%), and whether they thought other members were the same social class as themselves (mentioned by 36%) (Table 8.16). As these comments were volunteered in response to open questions about groups, their actual prevalence might have been higher (Mason 1994) (Chapter 4.4.3 and 4.17).

All 22 mothers who commented on mother-peer factors, commented on group-level factors which accounted for the overwhelming majority (79 out of 88: 90%) of these comments. In addition seven mothers also commented on a psychological trait which hindered (or in one case helped) their attendance at early years groups; in each case the origin of such a factor was felt to be wholly or partially internal.

study child to a group but decided not to, so their reasons are important; two cited peer factors. The remaining five parents who took none of their children to groups, did not cite peer barriers.

⁵ "Are you frightened of going out alone or of meeting people?"

Table 8.16: Themes in mothers' comments about mother-peer factors

Topic – Mother-peer factors		No. mothers	% of 25 mothers who had ever attended groups
Type of factor	Themes		
Group-level	Knowing someone or no-one	18	72
Group-level	Friendly/welcoming or cliquey	16	64
Group-level	'My class' or 'Not my class'	9	36
Group-level	Mother doesn't fit in	4	16
Group-level	Small group	2	8
Individual-level	Mother lacks confidence	6	24
Individual-level	Mother is happy with own company	1	4

8.8 Knowing someone or no-one at the group

Eighteen mothers commented on 33 groups they had considered attending, in terms of whether or not they already knew anyone else there. Most mothers did not like entering a group of strangers, whether they were confident or not. Knowing someone usually resulted in regular and enjoyable attendance, not least because it often meant the mother had someone to go with.

A mother-of-six had initially enjoyed taking her son to a group, because she went with her daughter and grandson. Even though she was not afraid of going out alone or meeting people in 2000, she said she would not have attended if she had known no-one. After moving to a new area (because a son with learning difficulties was being bullied locally) she could no longer go with her daughter to groups, so did not attend. Having low self-esteem, she graphically explained her fear of going to a group where she knew no-one:

"Wouldn't go to a group where I didn't know anyone. I don't know... I gets embarrassed. I can't make conversation with people and things like that. I starts panicking, things like that, and I gets nervous. Pushing myself to go there really. I think once you was there, you would be OK. But it's just getting up and going to one of them." (*Parent21:333*)

One of the most confident women in the sample felt the same. She tried one group once, where she knew no-one, and decided instead to stick to groups attended by friends.

Strong encouragement from a friend who already attended could make all the difference to a shy mother:

"I didn't go when I was pregnant with (older child), I was very self-conscious. I was nervous. First couple of times I said I would go and didn't turn up, but they seen me on street and told me to come down. Couple of girls I knew." (Parent10:358: attended 70 times, best group)

However, knowing others at a group did not always lead to regular attendance, if the mother did not like them:

"There is characters you would rather stay away from." (Parent7:336-8: attended 0 times)

8.9 Group was welcoming/friendly or cliquey

Altogether, 16 mothers commented on how welcoming or cliquey (pronounced 'clicky' locally) 23 groups were. How friendly a mother perceived a group to be depended on the fit between her and the group; a group some mothers found cliquey, others could find friendly. Equally, a mother could find one group cliquey but another welcoming. One locally-born mother who disliked groups described the estate as a "very cliquey community" (Parent4:66).

In this study, 'cliquey' is used to describe a range of negative behaviour - group members not, or barely, speaking to a newcomer, talking negatively about others behind their backs ('gossiping' or 'bitching'), or what was perceived by the newcomer as non-verbal hostility, such as being given a 'dirty look'. In some cases this brought back unpleasant memories for the mother of being bullied or excluded from a social group at school; some mothers were "rejection-sensitive" (Chapter 11.14).

Four mothers found five groups welcoming or friendly, but 13 mothers found 15 groups to be a socially painful and deeply unpleasant experience. As a result of such bad experiences, gained usually on just one or two attendances, seven mothers said they had been put off groups permanently. Three mothers reported a mixed experience at groups they had attended for some time. Two initially found a group friendly but later cliquey,

possibly because a new clique came in that marginalized the one to which they belonged. One found a cliquy group became friendlier over time.

8.9.1 Group was welcoming

The four mothers who found a group welcoming, friendly or supportive all knew someone already at the group or venue, and became regular attenders.

Two had been afraid of meeting strangers in 2000, but after being encouraged to attend staffed, project-run groups (by Sure Start and the family centre), they both became regular attenders. By 2003/4, neither was afraid of going out alone or meeting people.

Another mother had been put off groups for years after attending an unfriendly one. When her friend started working for Sure Start, she started going to groups there and enjoyed them:

"At Sure Start you are made to feel welcome, no strings, which put everybody equal. Whereas that (other) group, if you weren't in that group you weren't part of it. At Sure Start they always used to try and buddy up the new mothers and lot of Family Link Workers used to bring a lot of new ones in. You don't feel you were on your own." (Parent19:285: over 100 attendances at two Sure Start groups, including best group)

8.9.2 Group was cliquy/bitchy - 'Being horrible in the corner'

Thirteen mothers had found groups cliquy, and one had attended a group that became cliquy over time. This meant that over half the mothers (56%) who had attended any group found at least one to be cliquy, a major barrier to continued attendance at that and sometimes at all groups. A wide range of mothers complained about cliquy groups, from the confident to the fearful, the depressed to the happy.

A common form of cliquishness was for established members not to talk to newcomers. One mother related her experience:

"Bit cliquy there to be honest. Spent most of my time just sitting there on my own really. Everyone has little groups to chat to but they don't mix, if you see what I mean. I just might as well be at home." (Parent13:262: attended Sure Start group once, worst group)

She tried this group and one other just once, then abandoned groups and concentrated on informal socialising. A company director who happily attended other groups, only went once to a group where no-one spoke to her.

Another mother had given up on groups for 10 years after finding one very unfriendly:

"Was very, very cliquey. Only went couple of times and didn't go back. Think that probably put me off going to playgroup as well. I don't think anything would have changed my mind. Put me right off.....Had to be friend to go there. Friend of somebody's friend, then you were off." (*Parent19:285,287: attended twice, worst group*)

After having her third child, she discovered Sure Start and started enthusiastically attending groups. Another mother-of-three had attended groups just five times in eight years. She described the difficulty of 'breaking into' established cliques at a group:

"I am not really one for going to groups because I get a bit embarrassed because everyone's sort of formed their own alliances in groups and I find it hard to fit in. I am quite sociable person really but it's intimidating I find, going to group where I don't know anybody." (*Parent27:71*)

Bitching or gossiping was another feature that put newcomers off. This involved members talking negatively about others in the group, usually behind their back, and/or being 'two-faced' – saying one thing to the newcomer, while meaning another. The inevitable result was the newcomer feeling uneasy; what would they say about her behind her back?

"I wouldn't go to any (groups) around here. Too two-faced, to say one thing to you and mean another. Talk behind your back. I have had plenty experience with them. Went to one or two and they are too cliquey... Very cliquey. Being horrible in the corner. Looking and whispering about you behind your back. They in a little huddle." (*Parent28:422 & 440: attended once, worst group*).

"I think sometimes when you walked in you felt as if you shouldn't have been there. Places like that you do get lot of bitchiness. Someone's always better than you. Don't really like confrontation. I knew everybody there but it isn't so much if they were bitchy to me, but bitchy to other people you was matey with." (*Parent23:426: attended three times*)

Independently, two 22-year-olds resolved never to try another group after finding bitchiness at one. In one case, she said it reminded her of school:

"That one I went to, all the girls were still immature. It was all the young ones. ...They were like girls are at school, talking about people behind their back. That's what it reminded me of, being back at school. I didn't like it." (*Parent30:308-310: attended once, worst group*)

Cliquishness defeated the object of going to a group, which was to make friends, said one mother.

While being outside a clique is uncomfortable, being inside is comfortable. One shy mother, who had attended a closed family centre group for years, implicitly acknowledged it was cliquish. While the strong feeling of belonging may have helped her, she realised it could be off-putting for new arrivals, saying some mothers had come once but not returned.

8.9.3 Group started welcoming, but became cliquey or vice versa

Two mothers described groups they had belonged to for a year or more, which had been friendly to start with but then became cliquey, so they left. As new mothers joined, the atmosphere changed and tensions grew. The old and new cliques competed for social dominance, with hostility manifesting as bitchiness and cliquishness. One mother stopped attending in such circumstances:

"New lot started going, started getting very cliquey. Had to watch what we said sort of thing, very bad atmosphere." (*Parent29:391: attended pre-existing group 100 times, best group*)

Another reported that a Sure Start group was cliquey to start with, but became friendlier as members got to know her and talked to her more.

8.10 Overlap between knowing no-one at the group and finding it cliquey

Whether a mother found a group friendly or cliquey overlapped to quite a large extent with whether she already knew anyone at the group. Although theoretically a mother could join a group of strangers without perceiving unfriendliness or bitchiness, this did not appear to have happened. Ten mothers had said they knew no-one at a group; in seven cases they attended it but complained of the cliquishness or bitchiness of existing members (an eighth group had been attended with an older sibling and found cliquish). On the other hand, in 17 out of 22 cases (77%) where the mother knew someone at the

group, she did not report it as initially cliquey (though two mothers found it became so over time as their own clique was edged out).

Knowing no-one and finding a group cliquey both acted as considerable barriers to attendance. Mothers who found a group cliquey attended no more than four times; those who said they knew no-one at a group attended twice at most. However, the usual caution about absent values for 'volunteered' variables must be exercised when quantizing qualitative variables in this way (Chapter 4.17). Some mothers may have gone to a group knowing no-one yet become a regular attender; for them 'knowing no-one' was not an issue and they did not mention it.

8.11 Social class - 'Stuck-up', 'rough' or just right

Although only one mother specifically used the word 'class', nine commented about 15 groups in class terms, describing them broadly as 'stuck-up', 'rough' or 'nice'/'friendly'. A group one mother described as 'stuck-up' could be seen as 'friendly' by others, as class was very much a personal perception. What mattered most was whether the mother felt comfortable with the perceived social class of other members, the 'fit' between herself and the group. All nine mothers felt this, some travelling further to attend a group whose members were from a social class they felt comfortable with.

Analysis therefore focused on the concepts of 'my class' and 'not my class'. Some mothers felt drawn to a group attended by 'nicer people' but repelled from a 'rough' group. Some valued a group seen as 'friendly', rejecting one that was 'stuck-up' where they felt other mothers looked down on them. Either way, mothers used a positive term ('friendly'⁶, 'nice') to describe the type of group they liked, and a negative term ('rough' or 'stuck-up') to describe one they rejected. No mother described herself as 'rough' (though one did admit her daughter was 'rough' to younger children). Mostly, mothers fell into one camp or the other, describing groups they disliked as 'stuck-up' or 'rough'. However one had disliked both 'rough' and 'stuck-up' groups, preferring one – like the

⁶ Although 'friendly' was also used in opposition to 'cliquey', it was quite clear from the context in each case whether the parent was speaking in class terms or not.

third bowl of porridge Goldilocks tried that was 'just right' – 'friendly'; it was a Sure Start group⁷.

8.11.1 Social class - 'My class'

Just two mothers commented on groups being of an acceptable class, both using the term 'nicer people' to contrast with mothers in another group. One mother was avoiding a 'rough' Sure Start group in the study area, travelling instead to a mother and toddler group in a nearby village. The other liked a Sure Start group better than pre-existing groups because the mothers were not 'stuck-up':

"Sure Start was more friendly. They was nicer people. Not so stuck-up."
(Parent10:384: attended 70 times, best group)

Interestingly, both saw a Sure Start group as lower class than a pre-existing group. (To some extent, this reflects the finding in Chapter 7.8 that high attenders of pre-existing groups were higher class than other mothers, whereas high Sure Start attenders were not.)

8.11.2 Social class - 'Not my class' – Mothers on 'rough' groups

Seven mothers found nine groups 'rough' or working class. Four linked this with swearing and aggression, one also with drugs⁸:

"You have got a few rough mothers who live in this area and it seemed like they went there." (Parent5:287: attended group 0 times)

Three mothers, who admitted sounding snobbish, felt so strongly about the issue that two had already moved out to a richer neighbourhood, and the other was in the throes of doing so. Before she moved, one had been to a Sure Start group three times, but said mothers there were 'rough'. Instead she opted for a village group:

"(Village) was nicer place to go because nicer people up there. Didn't have like the ruffians." (Parent22:349)

⁷ Interestingly, this mother characterised children in the two 'stuck-up' groups as 'rough'. There seemed to be two meanings of 'rough' where children were concerned. One is the normal rough and tumble of play, which includes minor aggression like one child pushing another off a bike so s/he can get onto it; this probably occurs in all play settings though is worse when children are not effectively supervised. The other involves more extreme anti-social behaviour, such as spitting, biting, hitting and swearing that some mothers attributed to coming from a 'rough' family.

A highly-educated professional, who had moved into the area because of the lower house prices, was straightforward about class. She found local groups to be working class and suitable for “ghetto girls”, and wanted to attend a middle-class one.

8.11.3 Social class - ‘Not my class’ – Mothers on ‘stuck-up’ groups

On the other side of the ‘snob’ rift, three mothers found four groups to be ‘stuck-up’, where they felt looked down on by other members. None were Sure Start groups.

One mother, who had been nervous about attending any group, tried two groups once, but complained they were ‘stuck-up’:

“And this one down in the church. They were all stuck-up people, looked down at I all the time. Half them didn’t do nothing with their appearance and they thought I was something I wasn’t. Didn’t feel comfortable going there.” (*Parent10:387: attended once, worst group*)

Two mothers, with much in common – large families, low self-esteem, experience of past abuse, living on state benefits, Malaise scores of seven or more, in poor physical health and overweight – both felt scorned by others in a group. One complained of being looked at as if she were a ‘piece of dirt’ while waiting in the corridor before the group started; she could not bring herself to cross the threshold and never tried another group. In 10 years of raising young children, the other mother had attended a group just once, where ‘dirty looks’ from the other mothers put her off all groups subsequently:

“It was terrible. I walked in and they all gave you dirty looks. Looked at I like you was down and out.” (*Parent28:440: attended once, worst group*)

This was a particularly painful and demeaning experience for both, worse than cliquishness on its own. Such perceived snobbery effectively excluded them from not only these groups, but all future ones⁹.

Whether a mother could afford designer baby clothes or felt inferior if she could not, was a material manifestation of class. One mother who helped run a Sure Start group said

⁸ Illegal drugs were mentioned by 53% of the parents as a problem in their neighbourhood.

⁹ One of the mothers was, though, persuaded by her health visitor to attend a cooking course. Run by health visitors with a creche provided, she found similarly shy mothers there and greatly enjoyed this relatively sheltered group. However it did not give her courage to brave another parent and toddler group.

some women were reluctant to attend groups, fearing they would have to 'keep up with the Joneses' as far as their children's clothing was concerned.

8.12 Mother felt she did not 'fit in'

Four mothers felt they did not 'fit in' with groups – because other members were younger or acted more immaturely:

"I used to talk to them and that but I didn't feel like I fitted in." (Parent4:297: attended group 4 times)

Although this had some parallels with finding a group cliquish (all four had experienced this), these four mothers acknowledged the situation as being a mismatch between themselves and the group. Three had a high Malaise score (eight or more) in both 2000 and 2003/4 and a particularly high number of family problems (averaging 6.0 on the Current Problem Questionnaire compared to the whole-sample average of 2.5), and none was coping well with parenthood. The fourth was the incomer professional who found three of the Sure Start groups too working-class. All wanted to move out of the area.

8.13 Group size

Two mothers enjoyed the intimacy and friendliness of small groups, becoming regular attenders. These mothers were not shy; both had high self-esteem and attended several groups, enjoying the benefits of both small and large ones, the latter particularly from their child's point of view.

8.14 Mother lacked confidence, was shy or 'quiet'

When discussing their decision about whether to attend particular groups, six mothers mentioned lacking confidence, being shy or quiet as a major obstacle. One said that she "didn't have the guts" (*Parent11:330*), another that she was quiet and it took a lot of courage to attend a group, a third that she was very shy and "don't mix very well" (*Parent29:50*). Why were these six mothers more afraid than normal of joining a group?

Four of these mothers who lacked confidence had had six or more children. Two contrasted their current shyness with previous confidence, when in happier circumstances they had enjoyed attending a group. After domestic abuse, both had been left to cope alone with large families blighted by this experience. Their confidence had plummeted, mental health deteriorated and they felt shy and more sensitive to being excluded or sneered at than in their early days as mothers. In addition, one had lost a son in an accident, and the other had to cope with physical illness and local bullying of her learning-disabled son which forced her to leave the area:

"People thought I was really outgoing. When I carried (study child), I got Bell's palsy. Just lost all confidence then. Used to be quite outgoing, hold conversation, speak about things well." (*Parent21:390: not attended any groups since her move three years ago*)

Two of these mothers had smaller families. One had tried a Sure Start group once but felt isolated and did not have the confidence to go again. Asked how the group might have been improved, she said:

"You can't really improve the group, it just depends on the people, but then I would probably be to blame as well. If I had the confidence to talk to them first but I don't, I sit back and let them come to me... Not one of these people who can go to groups. It isn't really me. If you don't know anybody you don't know what the reaction would be towards you, you would get very anxious and try and find ways of fitting in quickly and be accepted, and would rather not put myself through that. Not very good at meeting new people, especially when quite a lot at the same time." (*Parent13:264-6: attended once, worst group*)

The other was put off by people looking at her 'the wrong way':

"I tried to be friendly with them and they didn't want to know me. But didn't have lot confidence then at all. If somebody looked at me in wrong way then, they weren't very nice... If I don't feel comfortable with something I don't go, puts me off." (*Parent10:377,381: attended once*)

However after warm encouragement, this mother had become a regular attender at a Sure Start group, saw the Sure Start counsellor and gained in confidence. Another shy mother started attending groups regularly when a relative went with her. However the other four less confident mothers only chalked up one attendance between them, despite considering six groups.

Lacking confidence, then, was a major barrier to attending groups. Although felt by the mothers themselves to be an internal trait, it was not permanent and could come and go, depending on circumstances. What variables was it associated with? (Table 8.17) In 2003/4 all six less confident mothers had low self-esteem, received Income Support, had no educational qualification and had wanted more help and used more help than other parents. All but one had experienced abuse at some point in their lives (Fisher's Exact test: $p=0.026$, $df=1$, $N=30$) and had had a high Malaise score (8 or more) at Stage 1 (2000). Four of the six had had at least six children (though only three still had that number at home) and the same number (67%) said they had not been 'very happy' when learning of their pregnancy with the study child compared to just two (8%) of the more confident parents. This last variable, along with low self-esteem, no qualifications, using more informal help and receiving Income Support in 2000 and 2003/4 were all, as continuous variables, strongly and very significantly associated with the parent saying s/he was not confident.

Less confident parents also had a higher average number of all family problems (6.0) compared to others (3.7), though this finding did not reach significance (Mann-Whitney $U=37.5$, $Z=-1.804$, $p=0.071$, $N=30$). Their study children had more behaviour problems (Mann-Whitney $U=38.5$, $Z=-1.740$, $p=0.082$, $N=30$), and they were more positive towards professionals (Mann-Whitney $U=1.5$, $Z=-1.692$, $p=0.091$, $N=30$), though in none of these cases did the association reach significance.

It would seem that few resources (educational, financial, mental health) balanced against high needs (large family, many problems) and an accumulation of abuse, stress and trauma can severely dent a mother's confidence, whereas warm encouragement, pleasant group experiences and appropriate help from workers can increase it.

Table 8.17 Characteristics of parents who said they lacked confidence

Quantitative variable (in 2003/4 unless otherwise specified)	Association with parent's self-reported lack of social confidence (Mann-Whitney U test statistics)				
	Mann-Whitney U	Z value	r (strength of association ¹⁰)	p value (significance level ¹¹)	N
Lower self-esteem	10.500	-3.226	0.589	0.001	30
Not 'very happy' to learn of pregnancy with study child	26.000	-3.222	0.588	0.001	30
Lower educational qualifications	18.500	-2.883	0.535	0.004	29
Higher Income Support dependence 2000 and 2003/4	20.000	-2.837	0.512	0.005	30
Higher Malaise score - 2000	21.500	-2.634	0.481	0.008	30
Higher support gaps – 2000 and 2003/4	23.000	-2.595	0.481	0.009	29
Higher support gap – 2003/4	27.000	-2.554	0.466	0.011	30
More types of informal (PPE) help used in last 4 weeks	12.000	-2.545	0.472	0.011	29
Informal (ASSIS) help used more often in last 3 months	17.500	-2.443	0.500	0.015	24
Higher Malaise score – 2003/4	26.500	-2.372	0.433	0.018	30
More children and young people in household	30.000	-2.269	0.414	0.023	30
Informal (PPE) help used more often in last 4 weeks	29.000	-2.255	0.461	0.024	24

8.15 Mother enjoyed her own company

One mother said that although she enjoyed attending groups she did not need to do so as she enjoyed her own company. Ironically, she was a high attender who helped run a Sure Start group and enjoyed good mental health, high self-esteem and had a post-16 qualification.

¹⁰ r value is printed in **bold** where association is strong ($r = 0.500$ or more).

¹¹ p value is printed in **bold** where it is very significant ($p < 0.01$).

8.16 Overlap between mother-peer barriers

There was a substantial overlap between mother-peer barriers for individual mothers, despite the fact that they did not all give information about all these factors, only those they spontaneously mentioned.

Mother-peer factors associated with low group attendance were termed barriers and were:

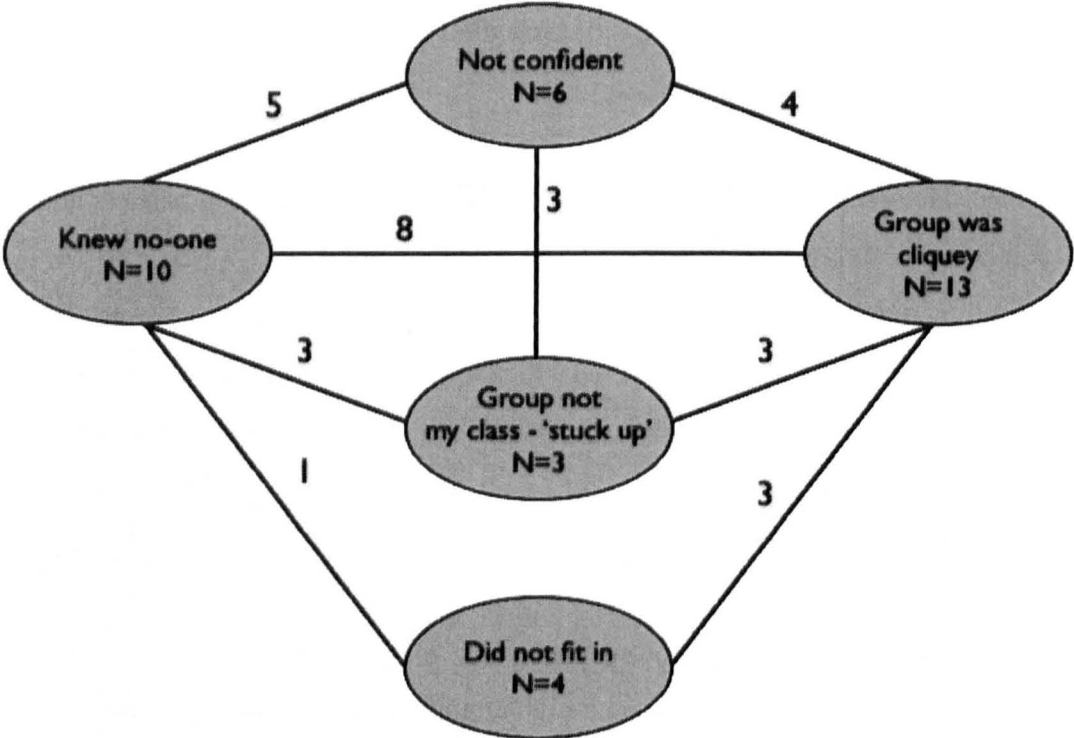
- Finding a group cliquey
- Knowing no-one
- Finding a group 'not my class – stuck-up'
- Not feeling confident
- Not fitting in

Mothers who had found a group 'not my class – too rough' had mostly then gone on to find a group to their liking and to become high attenders there. Enjoying a small group and feeling happy with one's own company were both associated with high attendance, and were therefore classified as positive comments.

Figure 8.1 shows the overlap between mother-peer barriers. This was particularly strong for knowing no-one at a group and finding it cliquey (which has already been discussed Chapter 8.10). Two other points emerge. Those who had found a group 'stuck-up' had all reported knowing no-one at a group, finding a group cliquey and not feeling confident. In contrast, those saying they did not fit in, did not report any other mother-peer barriers except finding a group cliquey (as over half of mothers who had attended any group had done), and in one case knowing no-one.

The strong overlap between these mother-peer barriers, particularly lacking confidence and finding a group 'stuck up', are an example of latent effect size, a phrase coined by Onwuegbuzie and Teddlie (2003) to denote a possible underlying aspect of a phenomenon indicated by the relationship between themes. (This is explored further in Chapter 10).

Fig. 8.1: *Overlap between mothers' peer barriers (where N= number of mothers)*



What were the links between mother-peer barriers drawn from this qualitative analysis and the maternal psychology, mental health and education variables drawn from the quantitative analysis? Two mother-peer barriers in particular - not feeling confident and believing a group to be 'stuck up' - were associated with lower psychological, mental health and educational resources (Table 8.18). The feeling of not fitting in was particularly associated with poor mental health; such parents' average Malaise score was 11.8, nearly three times that of all other parents (4.0).

Table 8.18 Association between mother-peer barriers and maternal psychology, mental health and education

Qualitative variables – Mother-peer barrier (N= no. of parents)	Quantitative variables – No. (%) ¹² parents with this characteristic in 2003/4				
	Low self-esteem	Average Malaise score	Often lonely	‘Shy’ ¹³	No GCSE
Group was cliquey (N=13)	7 (54)	7.0	4 (31%)	5 (38%)	5 ¹⁴ (42%)
Knew no-one (N=10)	6 (60)	5.9	5 (50%)	6 (60%)	5 (50%)
Not confident (N=6)	6 [100]	8.2	3 [50]	4 [67]	5 [83]
Did not fit in (N=4)	3 [75]	11.8	2 [50]	2 [50]	2 [50]
Not my class - ‘stuck up’(N=3)	3 [100]	9.0	2 [67]	2 [67]	3 [100]
Total	10 (30%)	5.0	6 ¹⁵ (21%)	7 (23%)	10 ¹⁶ (33%)

Considering first of all self-esteem, all mothers describing themselves as lacking confidence or finding a group ‘stuck-up’ had low self-esteem, compared to a third of the sample overall and just over half of those acknowledging the more common mother-peer barriers of knowing no-one at a group and finding it cliquey. As regards mental health, this was poorest for those who did not feel they fitted in with a group, and also poor for those who were not confident or had found a group ‘stuck up’. For all three of these barriers the average Malaise score was above the threshold (8.0) for an elevated risk of depression. For two psychological markers, often feeling lonely and being ‘shy’¹⁷, this was at least double the proportion for the whole sample if a mother admitted to any of the mother-peer barriers except finding a group cliquey. The difference between parents was even more striking if a historical perspective was taken; all parents lacking confidence or who had found groups ‘stuck up’ had been ‘shy’ at Stage 1 and/or Stage 2, compared to just one in eight of other parents. Lastly, two mother-peer barriers, lack of confidence and finding a group ‘stuck up’, were associated with having no GCSE qualifications.

¹² Percentage is in square brackets where row total is less than 10.

¹³ Parent had answered ‘Yes’ to the Malaise question: ‘Are you frightened of going out alone or of meeting people?’ in 2003/4.

¹⁴ Out of 12 known.

¹⁵ Out of 29 known.

¹⁶ Out of 29 known.

¹⁷ Parents who had answered ‘Yes’ to the Malaise inventory question ‘Are you frightened of going out alone or of meeting people?’

Only one of the six mothers (17%) lacking confidence had any GCSEs, compared to 19 of the other 23 parents (83%), where this was known.

From a social class perspective, all the non-confident mothers and all those commenting on 'stuck up' groups, were the lowest class E, dependent on state benefits. Otherwise those admitting to other mother-peer barriers were fairly representative of the sample. However, of the seven mothers complaining about 'rough' groups, five came from classes A-C2 and only two from D-E.

In summary, although numbers were small, mothers volunteering mother-peer reasons for not attending groups were more likely to often feel lonely, have poor mental health, low self-esteem, no qualifications and to have felt 'shy' at some point since the child's birth. This was especially so for mothers saying they lacked confidence or had found a group 'stuck up'; all these were in the lowest social class, receiving Income Support.

8.17 Differences between Sure Start and pre-existing groups for mother-peer decision factors

Although mothers reported using a few more pre-existing (N=33) than Sure Start (N=28) groups, they reported nearly twice as many mother-peer comments for pre-existing groups (N=58) than Sure Start ones (N=30). This excess was more or less equally split between positive, mixed and negative comments (Table 8.19).

Differences were particularly large for cliquey groups; of 15 so described, only two were Sure Start. Also, more than three times as many pre-existing groups as Sure Start ones were cited where mothers reported whether or not they knew someone there. There were two categories of groups described as 'not my class' - 'rough' and 'stuck up'. Although both pre-existing and Sure Start groups were described as 'rough', this applied to more Sure Start groups (N=6) than pre-existing ones (N=3). Only pre-existing groups were described as 'stuck up' (N=4).

Table 8.19 *Comparison of pre-existing and Sure Start groups for mother-peer factors*

Mother-peer theme	Type of comment according to type of group (Pre-exist = Pre-existing, SS = Sure Start)											
	Positive			Mixed			Negative			All		
	Pre-exist	SS	All	Pre-exist	SS	All	Pre-exist	SS	All	Pre-exist	SS	All
Knowing some-one or no-one	17	4	21	0	2	2	8	2	10	25	8	33
Friendly/ cliquey group	2	3	5	1	2	3	13	2	15	16	7	23
'My' social class or not	1	1	2	0	0	0	7	6	13	8	7	13
Not confident	0	0	0	0	0	0	5	3	8	5	3	8
Did not 'fit in'	0	0	0	0	0	0	3	3	6	3	3	6
Small group	1	1	2	0	0	0	0	0	0	1	1	2
Happy alone	0	1	1	0	0	0	0	0	0	0	1	1
Total	21	10	31	1	4	5	36	16	52	58	30	88

8.18 Disclosure of mother-peer reasons for not using services at Stage 1 (2000)

The importance of peer factors in not attending groups at Stage 2 (2003/4) is in striking contrast to Stage 1 (2000). In 2000 when parents were asked an open question as to why they had not used an early years service as much as they would have liked, only one of the 30 parents cited a mother-peer factor, that she had not attended a group through fear¹⁸. In a further Stage 1 open question about why parents had not used help services more, none of the 131 parents answering this question gave 'lack confidence to go out alone and meet people' as a reason¹⁹, despite 17 (13%) of the same parents at the same interview admitting in a Malaise questionnaire to being 'frightened of going out alone or of meeting people' when they were specifically asked this question. It seems that parents

¹⁸ It was not possible to analyse this type of response for the full sample of 301 parents because it was coded under 'other reasons' and would have required examination of the individual questionnaires

¹⁹ Perhaps reflecting the low profile of peer factors in research literature about group use at the time, this reason was listed as the sixteenth and penultimate option in the Stage 1 interviewers' coding list.

were reluctant to volunteer this reason for not attending groups during a fast-paced structured interview but were willing to disclose it during in-depth qualitative interviewing incorporated into a questionnaire interview.

8.19 Discussion - Mother-peer barriers and Sure Start's attempts to overcome them

Peer factors barely surfaced in the Stage 1 interview (2000) when parents were asked why they had not made more use of semi-formal services, yet the Stage 2 interview (2003/4) showed that these dominated parents' experiences of early years groups, particularly mother-peer factors.

Disliking a cliquy group and knowing no-one at the group were two widespread barriers. Thirteen mothers (52%) who had been to any group had found at least one to be cliquy. Ten (33% of the sample) had been put off a group where they knew no-one (and an additional eight mentioned knowing someone as an important enabler, so this factor affected 72% of the sample). Over a third of mothers who had been to groups mentioned concerns about social class; they wanted to feel comfortable in a group, finding it neither 'stuck-up' nor 'rough'. This latter desire tapped into a more general concern about local danger, which many parents felt (Chapter 8.18).

Qualitative analysis of mothers' comments showed how potent some of the peer factors could be, involving fear, social 'contamination' by 'rough' children, and feeling excluded. Social danger (of being ignored, or excluded from a clique) and psychological pain (of being scorned or ridiculed, by word or look) were real concerns, particularly among the less confident mothers, and could act as powerful barriers to attendance. Often these stopped shy and quiet mothers venturing through the door the vital first time. If they did pluck up courage to attend, their fears were often confirmed. Unless they received a warm welcome or already knew and got on with someone there, they were not likely to go again. The importance of mother-peer barriers was higher if the mother had a high Malaise score, often felt lonely or had low self-esteem. Mental health and psychology, then, appeared important to whether mothers did or did not attend groups; in turn, these factors were linked to other areas of a mother's life - demographic and support factors, and personal history.

Recognising this general problem, Sure Start employed local mothers as Family Link Workers to accompany the shyest mothers to a group for the first few times, after getting to know them in their own homes. Often this worked, but sometimes it did not. One long-term depressed mother in the sample, resisted almost all efforts by the Family Link Worker (who visited 34 times, records showed) to take her to a group. Reluctantly agreeing to try two groups, she did not attend either more than twice.

Two mothers, who had been put off attending groups after a couple of bad experiences with very cliquey ones, were pleased to then find Sure Start groups friendly; both became high users of Sure Start services, one becoming a parent-manager. Two shy mothers had found 'sheltered' groups (one was a cooking course) acceptable, where they received a high degree of encouragement and support from staff. However one who had literacy difficulties was upset at being asked to stop attending a family centre group after 10 years. Although the members were then encouraged to carry on meeting in each others' homes, hardly anyone came to the first meeting after the mother had gone to some trouble preparing food and the group collapsed. Although the family centre undoubtedly needed to provide groups for new parents, it might be unrealistic to expect some parents, such as those with multiple needs and entrenched difficulties, to become independent after a period; they might need ongoing support, as Featherstone and others (2007) suggested.

Sure Start's record of being friendly (only 7% of Sure Start groups attended were described as cliquey, compared to 39% of pre-existing groups) could have been due to three factors – staff, 'welcomers' and short-term groups. Apart from having a staff member to help facilitate the group, once the importance of a friendly reception for newcomers was recognised, Sure Start designated an official 'welcomer' for each group, to help ensure that no-one suffered the agony of sitting on their own for an hour and a half with no-one talking to them, while they listened uncomfortably to mothers gossiping about others. Also, several Sure Start groups were designed to be short-term to avoid a clique forming which newcomers might find unfriendly; these included creative learning groups. In addition the Sure Start project employed family link workers, who could bring some of the shyer parents along to groups for the first few times.

Mothers preferred groups where they already knew someone, where they could feel an insider. This underlined the importance of the familiar element in relationships, the need to feel an 'insider' for psychological safety.

Fear of entering a group of strangers, preferring to stay in the comfort zone of a familiar social group, can handicap someone for a long time. One mother, who grew up in another town, said she had deliberately failed her 11-plus examination in order to stay in a school with her friends. As a result, she believed she had gained fewer qualifications, got worse jobs and had a poorer future. Perhaps recognising that the ability to mix with strangers enables offspring to gain a good education and career, this ability to become independent and survive among strangers has traditionally been encouraged in middle-class households (Klein 1965), in extremis when young children are sent to boarding-school, but also by sending them to playgroups (George and Hansen 2007).

PART III – CHILD-PEER FACTORS

8.20 Introduction

What was attending a group like for the child, psychologically and socially? Mothers commented far less on peer factors concerning their children than themselves, and as much on individual-level as group-level factors for their children. Perhaps mothers were more aware of group dynamics for themselves than their child, and found it easier to ‘blame’ the psychology of their child than themselves.

For mothers and children, the issue of peers in a group being ‘rough’ was raised. This is part of a much larger issue that surfaced again and again during interviews - how dangerous some parents perceived the study area to be, how keenly they wanted to move out, and in the meantime which ‘rough’ groups and schools they chose to avoid (see later in this chapter, 8.19). The contrast between parents content to stay in the area and those keen to move out to more advantaged areas (‘surfers’) was one of the three key criteria used to divide parents into clusters (Chapter 10).

The main peer issues for children were: whether the mother perceived the child’s personality affected their socialising in a group, and whether other children in the group were friendly or ‘rough’ (Table 8.20).

Table 8.20: Themes in mothers’ comments about child-peer factors

Topic – Child-peer factors		No. children	% of 22 children who had ever attended groups
Type of factor	Themes		
Group-level	Other children friendly or rough	8	36
Individual-level	Child ‘clingy’ (regarding child-only group)	4	18
Individual-level	Child ‘rough’	2	9
Individual-level	Child ‘nervous loner’	1	5
Individual-level	Child ‘refused’ to attend	1	5

How children coped with access to or separation from their mothers was also important but, being inextricably linked with how the mother coped with the same issue, was considered as a separate topic ‘Mother-child access’.

8.21 Child personality – Clingy, nervous, ‘rough’ or ‘refuser’

Eight mothers commented on their child’s personality hindering group attendance; four children were described as clingy, two as ‘rough’, one as a nervous loner (who was in the autistic spectrum) and one as ‘refusing’ to attend. Four of these mothers had been afraid in 2000 to go out alone or meet new people, including mothers of both the ‘rough’ children. One had for years attended a family centre group but her child had not been allowed with her peers because of behaviour problems. The other had not dared to take her disruptive son to a Sure Start group; having had an older child removed part-time by social services, she had been urged to attend a ‘Managing your child’s behaviour’ course for this younger boy, and felt under duress to go because of the threat of further social services intervention hanging over her head.

The son of another mother afraid to go out alone in 2000 had the second-highest problem behaviour score in the sample. She said he would simply have refused to go to a creche:

“If he don’t like it, he just don’t go.” (*Parent29:43*)

She, too, had been offered a place on a parenting course but had felt rather insulted, after having a large family, and refused to go.

Four children were described as clingy in relation to being left in groups where they would be separated from their mother. In one case this was linked to age; a five-month-old child screamed when taken to a crèche, so her mother dared not leave her. Two children were older, and though clingy at first, eventually settled into groups that became their mothers’ favourite. A fourth ‘clingy’ child was only happy with her mother and grandmothers, would not attend groups and had trouble settling in at nursery class.

Children’s perceived personality traits, then, can affect whether the mother will take them to a group, particularly a child-only one. ‘Clinginess’ was the most malleable characteristic, to some extent age-dependent and alleviated by phasing in separation from the mother. A child being ‘rough’ to others seemed more intractable.

8.22 Child's relationships with other children

Eight mothers commented on their child's relationships with other children at a group.

8.22.1 Other children – friendly

In addition to the frequent comment that children liked socialising at groups, four mothers specifically commented on their child feeling acceptance and friendship:

"....and she had her little friends there, she enjoyed that." (Parent19:265: attended 50 times, joint best group)

One mother, whose dual-heritage child had been subject to racism in other groups, said he enjoyed feeling accepted:

"Being with other mixed-race children and feeling normal." (Parent15:241: attended 50 times)

8.22.2 Other children - 'rough'

Four mothers talked about the problems of other children being 'rough' or spiteful to their own child in a pre-school group. This behaviour usually centred on children taking toys off each other, but could also involve hitting, spitting, biting, and swearing:

"They were spiteful down there as well because they had been there for long time, and she come along wanting the toys. They just used to push her about. Some were quite bit older than (study child) and she was one of the youngest. She just used to be crying and I thought I can't take her down there again." (Parent10:392: attended once, worst group)

As well as the danger of other children being aggressive, some mothers did not want their children 'contaminated' with 'rough' language or manners:

"The kids at (Sure Start group) often copied what their mothers were saying and I don't want my kids picking up that sort of language. ...Didn't want my children being contaminated with horrible language and so on. Some mums were quite 'rough' and kids were quite 'rough'." (Parent22:347-351: attended Sure Start group three times)

This mother moved to a more affluent area. Another, on the verge of doing so, had a similar aversion to some local groups:

"But children's group, you think you don't really want my child to play with that child ...Children - I like to think that myself and my husband have raised our children to be polite, good-mannered and have respect for other people and certainly not spitefulness, biting and spitting and some mothers don't seem to think like that. ..." (*Parent4:60 & 68: attended local group 4 times*)

Mothers, then, had two concerns about other children in a group being 'rough'. They did not want to see aggressive children hurt their child physically. In addition, they did not want their child to pick up language, manners and behaviour they considered unacceptable.

PART IV - SOCIAL DANGER, SOCIAL CLASS, THEORY OF GROUPS AND CONCLUSION

8.23 Social danger - Problems of 'rough' children and a 'rough' area

Concern about 'rough' children at early years groups reflected the desire of some mothers to get out of the study area, socially if not geographically. It represented the tip of an iceberg, for concern about 'roughness' - of the area, of other mothers, local children and schools - was widespread, leading families to move house, change schools and avoid certain early years groups. 'Roughness', whether physical or social, was perceived to be a danger for children.

Altogether, two-thirds of the parents (20) voiced concerns about the anti-social behaviour of youngsters in their neighbourhood. Nine parents reported feeling intimidated by groups of young people hanging around, dealing drugs, swearing at adults and driving dangerously in parks. Illegal drugs were a major concern. Over half the parents (16) had concerns about illegal drug activity in their neighbourhood. Fear of their own children becoming addicts was a major worry for many parents still living in the study area.

Thirteen parents recounted specific vandalism or crime in their neighbourhood which made them feel unsafe, varying from stones being thrown, to smashed windows, arson and a spate of burglaries. Another related how an elderly neighbour had left her home after being terrorised by local youngsters.

Five families (17%) had experienced danger on a personal level: one or more of their children had been bullied or intimidated at school or in the neighbourhood, with serious results. As a result, one family left the area, another took their son out of the local school and bussed him and his sister out of the area. The four-year-old son of a third was given a cigarette lighter by local young people and encouraged to set fire to his home, which he duly did; the house burned, the family was evacuated and unable to return home for several months. The daughter of a fourth, who witnessed a bus driver being attacked, was intimidated by the attacker's relative into keeping quiet, and spoke of gangs by the shops regularly pressurising her into handing over cigarettes. The son of a fifth had been stripped by an older child in his back garden, then assaulted. For these families, danger

from local young people had become a concrete reality, profoundly affecting their day-to-day lives.

Seven parents had already moved out of the study area (three specifically to live in a safer, 'nicer' area) and seven wanted to move out for this reason, some more urgently than others. Ten parents, then, one-third of the sample, had already moved to a safer area or wanted to. In addition, some wanted to stay but to avoid certain early years groups, schools, streets or people. For instance, one had moved to a 'safer' street in the study area, after children threw stones at her previous house.

Parents' motivation was usually a mixture of wanting to live in a safer area, and wanting a better-behaved peer group for their children. One mother, locally-born but just about to leave the area, explained why she wanted to move:

"You drive round and you have got nice children round here but lot of children have all got aggressiveness. Something to prove. Like you have got to be like that to survive here." (*Parent4:51*)

Another way that parents protected their children from 'roughness' – of being physically hurt or socially 'contaminated' (as one mother put it) - was by sending them to a school which was not the closest to their home. Of the 23 parents still in the study area, four did this. A further two had accessed a better school by moving, one just a short distance in order to be in its catchment area. One who had moved to an equally-poor area in order to exchange her flat for a house, took her daughter to a non-local school and did not let her play with others on the street. Altogether, then, seven parents (27%) were sending their child to a less 'rough' school by moving or 'bussing' them out of the area; another, who lived on the edge of the study area, already had access to a good school.

Worries about and dangers from 'rough' children and young people was, then, a major environmental stress for many parents.

8.24 Social class – The 'rough' and the 'respectable' working-class

The concern of many parents to distance their families from 'rough' areas, schools, early years groups or peers, illuminates the operation of social class in the study area. 'Rough'

was the term used by respondents, as currently by many people in Britain, to denote the lowest social stratum, the lower working class. None applied it to themselves.

Although the concept of social class has been marginalized in policy and academia since the 1980s, academics have long divided the British working class into rough and respectable sections (Klein 1965, Stacey 1975, Savage 2000):

"The classification by and of the working classes into rough and respectable has a long history."
(Skeggs 1997: 3)

Plowman, Minchinton and Stacey (1962) contrasted these two poles of the working-class, saying most of its members lay between the two, rejecting the 'roughs' and aspiring to be 'respectable'. Klein (1965) describes the tension when these two poles of the working-class lived alongside each other:

"If, as often, roughs and respectables live side by side in the same districts of the same streets, the latter may have a more conscious problem of maintaining standards. They will tend to think of the roughs as a group 'without standards' and of themselves as a group with standards to maintain. The problem of keeping up standards so that children do not take over behaviour of a lower status group may mean that certain forms of childish behaviour are given particular attention because the children will be mis-classified as a rough if he engages in them: shouting, swearing and fighting are obvious examples at this level." (Klein 1965: 632)

The respectables, then, felt a need to separate themselves and certainly their children, from the roughs (Klein 1965). Jackson and Marsden (1962) also found that many upwardly mobile working-class parents who wanted their children to go to grammar school had rules against them playing with 'rougher' children. The roughs were seen as being more relaxed about 'standards', having fewer rules and a more 'here-and-now' approach to life, whereas the respectables were viewed as having more rules, more self-control and a lengthier time-perspective (Kohn 1959), encouraging their children to work hard at school in order to gain benefits in the future.

In her study of young female college students, Skeggs (1997) found class was central to their lives. As working class women they felt stigmatised and pathologised (Reay 1999) and had suffered class injuries through being the butt of snobbery in one form or another (Sennett and Cobb 1977). Reacting to this, the young women sought to distance themselves from their stigmatised origin by seeking 'respectability', which allowed them to generate, accrue and display cultural capital, enabling them to 'get on' (Skeggs 1997).

Writing about the U.S.A. in the 1960s, Sennett and Cobb (1972) noted the insidious psychological mechanism whereby the working-class was kept in its place, through snobbery, shaming and putdown:

"The psychological dimensions of class serve a purpose in legitimating deprivation, unfair allocation of resources, and paltry rewards." (Sennett and Cobb 1972: 159)

People were made to feel responsible for their own class position, through believing the myth that hard work would reap rewards and opportunities were available to all. In 1960s America, Sennett and Cobb noted (1972), the old class system was perpetuated through education, which could bestow a 'badge of ability' acting as a passport to the white-collar jobs of the middle class. Many working-class parents made considerable sacrifices so that their children could move up a class and not suffer the social indignities and psychological pain that they had:

"Everything in the family lives of the workers we spoke to is oriented to moving the child over a barrier." (Sennett and Cobb 1972: 186)

In a similar vein, from 1997 the New Labour Government in Britain espoused the philosophy of equal opportunities for all, embracing 'education, education, education' as the route for poor people to better their circumstances (Tomlinson 2001). Sure Start was a prime vehicle for this policy, promoting school-readiness of under-fours in poor areas. Helping poor children to improve their chances through early years services, was seen as part of the solution to inequality.

For some parents interviewed for this study, the drive to distance themselves and their children from 'rough' families was strong. 'Rough-ness' was a strong push factor whether working class parents aspired to become more middle class (buying their homes and moving to a richer, safer area) or to establish their position amongst the 'respectable' as opposed to 'rough' working class (although they did not use the term 'respectable', perhaps because it is now a rather dated term). One mother even voiced her fear of rough children 'contaminating' her own, echoing authorities' historical concerns about the "polluting" potential of the working classes (David 1980). On the other side of the coin, several mothers had experienced the psychological pain of snobbery, through being

'looked down' on by 'stuck up' mothers at a parent and toddler group. Indeed all those who had found a group 'stuck up' experienced all the other mother-peer barriers (including lack of confidence), along with poor mental health; tellingly, none of them had the 'badge of ability' that even one GCSE could bestow. Low-status, they were perhaps particularly vulnerable to 'class injury'.

8.25 Social class and use of early years groups

Previous research on early years groups has found that higher-class families and those with more money were more likely to use early years groups (Ghate and Hazel 2002, Gibbons 1990), a finding confirmed by this study (Chapter 7). This may be because such groups can be viewed as a largely middle-class phenomenon, a contrived way for parents and children to mix and a way to stimulate children's play and learning. Setting up and running a group involves some formality, such as booking a venue, advertising the group, collecting and banking the fees, arranging a rota, buying suitable equipment and deciding how to organise the group. These skills are more likely to be possessed by middle class people, whether a group of friends setting up an independent group or professionals employed by charities, family centres or Sure Start to set up groups in poor areas. The latter type of groups often had a bigger agenda, such as promoting 'better' parenting skills. This view contrasts with a Pre-School Playgroups report (1981) stating that mother and toddler groups were "emphatically neither a middle-class nor a working-class phenomenon" (PPA 1981: 100).

In addition there was evidence that use of non-state child-only groups, private nurseries and playgroups, was a middle-class phenomenon (Chapter 6.14). This paralleled a finding of the Millennium Cohort Study (George and Hansen 2007), which suggested that such groups may be used to transmit social class advantage.

In addition, early years groups involve mixing with strangers. Middle-class people tend to be more used to and confident about mixing and making friends with strangers than working-class people, an ability that Willmott (1987) found was related to their higher chance of having undergone further education. It has been suggested that this 'training for independence' is part of the psychological preparation for geographical and occupational mobility required by middle-class workers (Klein 1965: 633). Whereas

parents from either class can feel shy about attending a group, those who already feel stigmatised because they are poor, poorly-clothed, overweight or have an unruly child are likely to face bigger barriers.

This study suggests that not only does parents' social class affect whether or not they use early years groups, but it also affects which groups they use. Nearly one-third (nine) of parents, over half of those whose children were 'high' attenders, cited class as a factor attracting them to or repelling them from particular groups. Seven mothers rejected groups as too 'rough' while three rejected groups that were too 'stuck up', one doing both. Parents needed to feel a group was 'their class' if they were to become regular attenders and feel comfortable there. Otherwise they risked psychological 'class injury' if others there were higher class than themselves, or they believed their children would be physically hurt by rough children or might become rough themselves at a group they perceived as lower class than themselves. The drive to distance themselves from the 'rough' working class was a keen motivator for some parents, who wanted their children to get 'over the barrier' of being working class.

8.26 Theory of groups

Mother-peer factors were the most numerous category in mothers' comments on groups. Research on early years groups since 2002, especially Sure Start evaluations (Chapter 2), has increasingly recognised the importance of such factors. A brief reference to theory relating to group development and factors which may influence whether individuals join or avoid groups now follows, particularly concerning groups of women, in order to place these findings into context.

Various models have been put forward by social psychologists, psychologists and feminist psychologists to account for group development and processes. Theories about which factors influence individuals' decisions to join or avoid groups, to stay or to leave, are much sparser, particularly why some people choose to avoid groups altogether. This is probably because psychologists have focused on groups and how they work, rather than on individuals and why they do or do not wish to join groups.

All models of groups include an initial stage in which individuals decide whether or not to join a group. In the 'Boston' model (Garland and others 1965) this 'pre-affiliation' stage is characterised by approach and avoidance. Drawing on their past experiences, individuals have to weigh up the possible pain and pleasure, costs and benefits, of joining a group.

Under the relational model of groupwork, feminist psychologist Schiller (2003) described the first priority of women's groups, having formed, as being for members to bond and establish trust and intimacy with each other²⁰. This arises from women's prime psychological need to feel connected (Miller 1976, Gilligan 1982). Only then can conflict be handled non-destructively. Feeling psychologically safe is crucial for women in a group and the key and continuing task of the group facilitator, if there is one (Butler and Wintram 1991, Schiller 2003). Facilitators need to be skilled in guarding against destructive negativity such as bitching and gossip, which can hurt some members badly (Butler and Wintram 1991). The 'Boston' model of groupwork also acknowledged that providing physical and psychological safety was a key role for the group leader, who could stop the natural development of a status hierarchy being based purely on 'pecking order' (Garland and others 1965).

In some ways a group can resemble a family, with the leader acting as 'mother' and members as siblings (Ernst 1997). This 'maternal' environment can uncover long-buried negative emotions such as envy, competition and aggression, and conflict can erupt – particularly where there are disagreements involving children. In this context the mother-child bond is powerful and can be problematic. Coward describes early years groups as a 'social minefield' (1992:62) for this reason:

"Competition and rivalry is often rife in groups of mothers." (Coward 1992: 61)

Some women are particularly prone to feeling unsafe in groups. According to Shulman (1992), these include women who have been described as suffering from 'oppression psychology', who have a poor self-image caused by previous abuse or bullying. For Schiller (2003), such women have endured too many hurtful 'disconnections' in their

past, including loss, trauma and depression as well as abuse and abandonment, and they may as a result be very fearful of engaging in new social relationships. Such women would be at the bottom of the pecking order in a group, if they dared attend, becoming victims of bitchiness, gossip and exclusion.

Frey and Meyer (1965) acknowledged most people's initial reluctance to get involved in a group, reflecting ambivalence about the potential benefits and costs. Newcomers need to find 'kindred spirits' to protect them against potential 'enemies', and cliques and alliances are normal features of the social topography of groups (Frey and Meyer 1965: 12). However these authors also noted that some individuals "retreat in flight and panic from other group members" (Frey and Meyer 1965: 12). Like the feminist psychologists, they acknowledged that some individuals can be particularly vulnerable to social pain in groups and may avoid them for this reason.

What are the gains from joining groups? Individuals say they join for a variety of reasons, social psychologists have found (Hogg and Vaughan 2005), including physical proximity, shared goals, the pleasure of affiliation and avoidance of loneliness, self-protection and personal safety, and emotional support in times of stress. One key underlying motivation for joining groups is that feeling successfully connected to others raises self-esteem (Hogg and Vaughan 2005).

Parent-and-child groups are, however, different inasmuch as there is the added dimension of joining the group primarily for the sake of child benefits, but as several researchers have pointed out, whether the parent stays or not depends on the costs and benefits to himself or herself (Ghate and Hazel 2002, Pre-School Playgroups Association 1981, Ramey and Ramey 1998). This could possibly account for more one-off attendances as mothers take more risks to attend a group than they would if they only had to consider their own interests in the first place.

²⁰ For men's groups the first task is competition and conflict, to establish a pattern of power and control. Only then can the riskier task of establishing intimacy be undertaken, according to the models formulated by Tuckman (1965) and the 'Boston' model proposed by Garland and others (1965).

8.27 Locating my findings in theory of groups and groupwork

The relational model's highlighting of women's prime need in groups as feeling psychologically safe (Schiller 1995, 2003) is borne out by my study. Nearly half (46%) of all comments on early years groups concerned peer factors, particularly women's relationships with their peers. The main element of psychological safety, accounting for over two-thirds of positive mother-peer comments (21 out of 31), was the mother knowing someone in the group. This reflects Frey and Meyer's (1965) highlighting of the need for individuals to find at least one kindred spirit in a group. There were two main elements of feeling unsafe – finding the group cliquy (15 comments) which included bitching, gossip and exclusion as highlighted by Butler and Wintram (1991), and it not being the appropriate social class (13 comments) (Table 8.21). These were followed by not knowing anyone in the group, the mother lacking social confidence, and a feeling of not fitting in. All these factors handicapped mothers in their ability to find a kindred spirit, an ally, in the group.

Table 8.21 Mother-peer barriers to attending groups

Mother-peer barriers to attending groups	Comments	
	N	(%)
Cliquy group	15	(29)
Not the 'right' social class	13	(25)
Not knowing anyone	10	(19)
Mother lacking confidence	8	(15)
Mother did not 'fit in'	6	(12)
<i>Total</i>	52	(100)

The fact that several of the mother-peer barriers overlapped with each other, that women lacking social confidence were likely to report knowing no-one at a group and finding a group 'stuck up' and cliquy (Figure 8.1), was of interest. It indicated that there may indeed be a sub-group of women who were more vulnerable to being psychologically hurt in groups in various ways, and who feared this type of social engagement as Shulman (1992) and Schiller (2003) maintained. Without skilled facilitation, these mothers had experienced such psychological pain that this had put them off attending groups altogether. Had such women experienced 'disconnections' in their lives as

Schiller (2003) suggested? It seems possible; for instance, all but one of the mothers who had stopped attending groups through lack of confidence had experienced abuse as a child or adult. This issue will be more fully explored in Chapter 10 when 'group-fearful' and 'shy struggler' parent clusters are discussed.

Meanwhile the particular psychological 'dangers' of early years groups on account of disputes between mothers over the behaviour of their children (Coward 1992), was reflected in the numbers of comments on child-peer factors (such as other children being aggressive) and on child safety, where supervision to ensure that children did not hurt each other was mothers' prime concern.

The need for skilled workers to avoid destructive negativism within groups and to promote psychological safety (Butler and Wintram 1991, Garland and others 1965), was supported to some extent by my findings concerning Sure Start groups. These were run by paid employees, whereas most pre-existing groups were run by volunteers, sometimes on a rota basis so there was little continuity. Possibly as a result, more mothers were one-off attenders at pre-existing groups than Sure Start ones; seven of the 15 (47%) who had been to any pre-existing group had attended one just once, compared to only three of the 13 mothers (23%) who had been to any Sure Start groups. However, where pre-existing parent-and-child groups were staffed, such as at the Family Centre or Playbus, mothers tended to attend for a long time.

As to why mothers used early years groups and what they gained from them, some of the gains they reported (Table 8.22) accorded with those listed by Hogg and Vaughan (2005 4E). They particularly enjoyed socialising; this accounted for nearly one-third (32%) of all gains parents reported, nearly twice the proportion of any other single gain. (Likewise, 39% of all gains that mothers reported for children, were that they enjoyed socialising in the group.) The group being nearby was rarely mentioned as a decision factor, accounting for only 2% of comments. Shared goals were not mentioned explicitly, only inasmuch as mothers liked to use groups in accordance with their own values; for instance they wanted the desired level of access to their child during the session, the desired level of structuring of children's activities and the desired opportunities to learn. Similarly, social class was pertinent, a more indirect measure of shared goals. Mothers preferred to use groups where they felt comfortable with the standards of dress and behaviour of those

attending, who they variously described as ‘nice’, ‘rough’, ‘snotty’ or ‘stuck up’.

Emotional support from attending groups was mentioned although not frequently, but self-protection was not.

This discussion has shown how this study’s findings link in with previous psychologists’ work on group processes, particularly concerning women’s groups. It would be hoped that future work in social psychology could cover this area more thoroughly.

Table 8.22: Mothers’ gains from attending groups

Mother’s gain from attending a group	Comments N (%)
Social - socialising	22 (32)
Physical - refreshments	12 (18)
Framework - level of interaction with child	11 (16)
Cognitive – interesting/boring	9 (13)
Emotional – enjoyable or not	7 (10)
Emotional - support	5 (7)
Resources - access to information/books/equipment	3 (4)
<i>Total</i>	69 (100)

8.28 Conclusion

Analysis of mothers’ comments about early years groups revealed just how important peer factors were in deciding whether or not to attend the first time, and whether to return. Peer factors accounted for just over half of factors affecting their decisions, with mother-peer factors outnumbering child-peer factors by over four to one.

Mothers needed to feel safe and comfortable in groups.

Two key drivers were revealed during the in-depth section of the interview – the impact of social class on their lives and some mothers’ strong fear of attending groups.

The tendency for higher-class parents to use early years groups more than others was noted during the quantitative analysis (Chapter 7). The open-ended questions revealed that social class also affected which groups mothers felt comfortable to attend. Some were strongly driven to distance their families socially and/or geographically from

'rough' elements, evidenced in their choice of early years groups, schools and where to live.

Knowing no-one at a group and finding a group cliquey were common experiences among the sample, and did not put most mothers off trying other groups. Both the Pre-School Playgroups Association (PPA 1981) and NESS (Anning and Ball 2007) noted that some mothers could form a clique excluding others, and the PPA recommended that efforts be made at every meeting to introduce new members to existing ones.

However six mothers in the sample seemed more vulnerable to 'peer injuries' and, after an emotionally bruising experience at one group, were put off attending any others. Saying they lacked confidence, they recounted a clutch of other mother-peer barriers (Figure 8.1) and most also described a peer barrier for their study child. A comparable description of this intense fear of groups was found in a report by the Pre-School Playgroups Association:

"Some (mothers) are intensely shy and will try to evade involvement rather than risk the blushing, stammering, sweating, shaking, tummy-ache, headache or other physical symptoms that engulf them at the very thought of *going into a strange room and having to talk to people* (sic)". (PPA 1981: 53)

Such mothers tended to have multiple disadvantages, were benefit-dependent, in the lowest social class and particularly liable also to 'class injury' (Sennett and Cobb 1977). Research by the National Evaluation of Sure Start team also found that some of the most disadvantaged parents felt intimidated at the prospect of joining a group (Tunstall and Allnock 2007).

The need for women's psychological safety at groups was highlighted by feminist psychologists in the relational model of groupwork. They identified skilled facilitators as being necessary to prevent 'destructive negativity' in groups, when those psychologically vulnerable through having suffered previous abuse or trauma, could be re-victimised. In the study area, Sure Start recognised the problem, employed Family Link Workers to accompany some parents to groups, and nominated someone at each group to be a 'welcomer'. However, some parents were resistant to even these blandishments.

Chapter 9

Attractions and Barriers to Group Attendance

9.1 Introduction

What acted as attractions and barriers to early years group attendance as far as parents were concerned, and how strong were they? In this chapter, parents' comments about early years groups which they had considered taking their study child to, are linked with the number of times they used them. This method allows the strength of the different barriers and attractions to be compared. As one-off attendance at groups has been little studied¹, it was especially illuminating to analyse the types of barrier that discouraged further attendance if parents had plucked up the courage to venture across the threshold once.

As the child of the only father interviewed had not attended any early years groups and as he only commented on how he became aware of one particular group, the term mothers is used throughout this chapter, as in the last. Of particular interest were mother-peer factors, how mothers got on or thought they would get on with other mothers in the group; these, along with child-peer factors accounted for half of all mothers' comments on their decisions about attending groups and 40% of the gains and losses from doing so. How important were these in determining whether mothers attended regularly, came just once or stayed away?

9.2 Methodology

9.2.1 Methodology – Unit of analysis

The unit of study in this quantitative chapter is not the mother nor the group, but each individual comment made about each group by mothers. These comments were divided into topics, and where numbers permitted, their component themes. They were then analysed in terms of how often study children attended and how their parents rated the groups.

¹ Though Avis and others (2007) did contrast high and low attenders, the latter having been to groups less than three times.

As outlined in Chapter 8, comments were divided into different types:

- Awareness - how the mother found out about the group
- Perception - what sort of families a mother expected would attend a group that s/he had decided not to attend
- Decision factors – factors affecting the mother's decision whether to go to the group in the first place, whether to go again, or when to stop
- Outcomes from group attendance - the gains and losses for mother and child of attending the group

The latter two types were then divided into positive, negative and mixed comments. Positive comments were those that could be expected to link with higher attendance at groups (acting as enablers or attractions), negative ones with lower attendance (acting as barriers). The average frequency of attendance for different attractions and barriers, including sources of awareness, was calculated in order to assess which were the most important. This was not done for perception as this question was usually only asked if a parent had decided not to attend a group. Mixed comments were usually made after long attendance when circumstances had changed.

9.2.2 Methodology – ‘Volunteered’ variables and method of analysis

Variables derived from the qualitative analysis, which were correlated with frequency of attendance and mothers' rating of groups, were 'volunteered' variables. This concept, and the consequences for analysis and reliability of results, was discussed in Chapter 4. In tables included in this chapter, some entries are bracketed where the row total is too small for figures to be meaningful – that is less than five when averages were calculated, and less than 10 when proportions were split between three categories (such as positive/mixed/negative comments, nil/one/two or more attendances, or groups named as mothers' 'best', 'worst' or neither).

9.2.3 Methodology – Measures

All numbers quoted in tables refer to mothers' comments about specific groups they had considered for the study child; general comments were not included.

The following measures of attendance frequency and perceived group quality were used (see Chapter 6):

- Average attendance – the average number of times study children attended a group when their parent had made a comment. For all groups attended by study children, it was 38 times, that is weekly for around nine months. (For parent-and-child groups, this figure was the number of times a mother took the child rather than someone else, as it was her view that was being solicited.)
- Number of nil, one-off and two or more attendances, in order to focus on enablers and barriers for these different attendance levels. Over a third (38%) of groups considered for the study child were never attended, 14% were attended once and just under half (48%) were attended two or more times, which in this chapter is termed ‘regular’ attendance.
- Mothers’ overall rating of groups was assessed by asking them to pick out the best and worst groups they had used. Parents picked 20 ‘best’ groups (included two joint-best) and 14 ‘worst’ groups (including four joint-worst).

All groups where a gain or loss was recorded for mother/child, or which were described as the mother’s ‘best’ or ‘worst’ group, had been attended at least once.

9.3 Number of comments about groups – Positive, negative, mixed

The 30 parents made a total of 486 comments about 97 groups that they had attended or considered attending with their study child. Of these, 55 were pre-existing groups and 42 were Sure Start. Excluding the 38 comments about who parents thought a group was for if they did not attend (see Perception, Appendix 7), the remaining 448 comments consisted of source of awareness (64), decision factors (213) and outcomes of group attendance for mother and child (171) (Table 8.2), and were analysed in terms of their associations with attendance frequency and mothers’ rating of the groups.

There was a striking difference between decision factors and outcomes from group attendance (Figs. 9.1, 9.2). Outcomes only applied if a group had been attended and were overwhelmingly positive (84%), far more gains (N=144) being reported than losses

(N=26), whereas over half (54%) of the decision factors (N=15 of 213 total) were negative. In over a third of cases (37% - 35 out of 95 groups where known), parents decided not to attend a group at all.

Figure 9.1 *Decision factors – proportions of positive, mixed and negative comments*

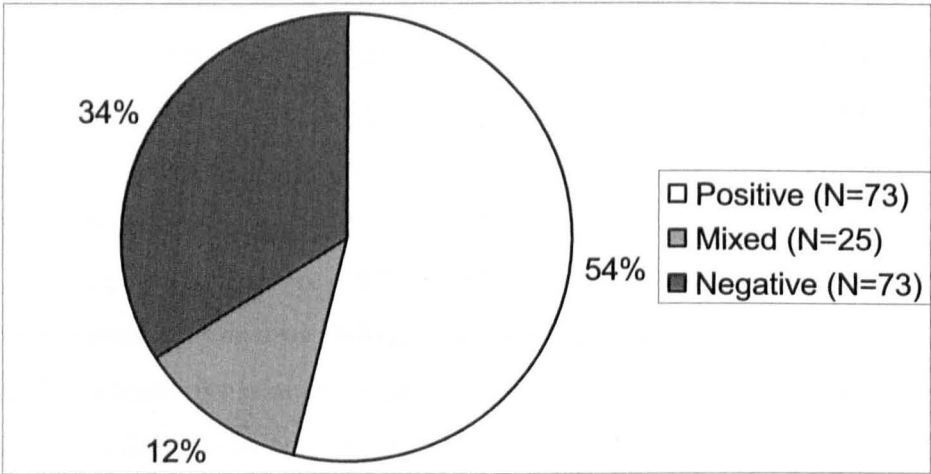
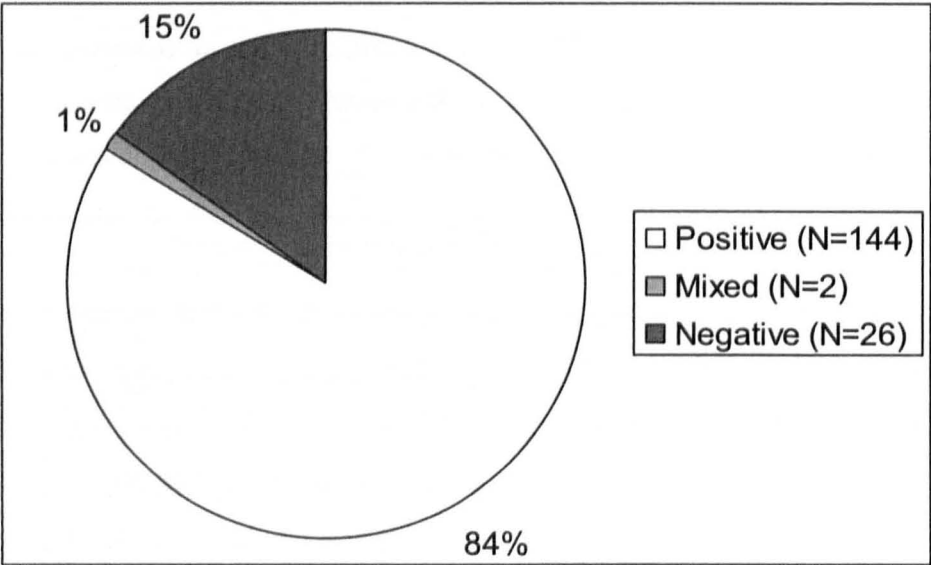


Figure 9.2 *Outcomes from group attendance – proportion of gains, losses and mixed outcomes*

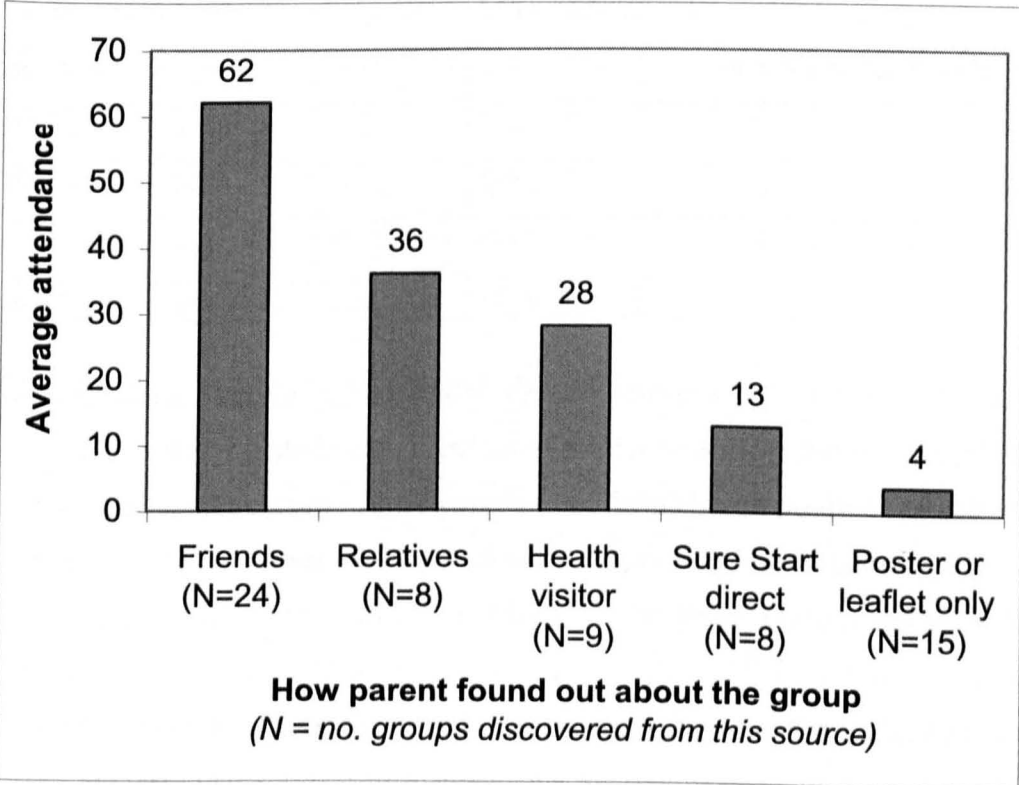


9.4 Source of awareness about a group and frequency of attendance

Was there a link between how a parent found out about a group and how often she attended? Data on both variables, sources of awareness and attendance frequency, was obtained for 64 of the 97 groups that parents considered for the study child (Fig. 9.3).

On average each group was attended 34 times, but was highest if the mother was told about it by friends, neighbours or acquaintances, then by relatives, then by her health visitor. Attendance was considerably lower if she discovered the group after being contacted directly by Sure Start, and very low if she only found out about it from a poster, leaflet or school newsletter. Where a parent had heard of a group from two sources, groups were classified according to the more potent personal source.

Figure 9.3 Sources of group awareness and average attendance



A different breakdown compares the proportion of nil, one-off and regular attendances (Table 9.1). The source most likely to translate into regular (two-plus) group attendance was word-of-mouth from an informal contact, followed by the mother being told about

the group by her health visitor, again a personal approach. Much further behind was contact by an organisation not previously known to the mother, such as a letter from Sure Start, with the most impersonal source – a poster or leaflet available to the general public, being the least effective. None of the six groups that mothers found out by poster alone were attended, and only one of the nine publicised by leaflet or newsletter was attended more than once, and this was by a professional woman keenly motivated to attend this specialist group. However printed publicity may play an important supplementary role, and in five cases mothers had not only seen the group advertised in a poster, leaflet or newsletter, they had also been told about it by a relative, friend or professional.

Table 9.1: Sources of group awareness and proportions of nil, one-off and two-plus attendances

Source of awareness	No. times group attended ²			
	0 N (%)	1 N (%)	2+ N (%)	All N (%)
Relatives	1 [12]	0 [0]	7 [88]	8 [100]
Friends/neighbours/acquaintances	5 (21)	4 (16)	15 (63)	24 (100)
Health visitor	2 [22]	3 [33]	4 [45]	9 [100]
Sure Start direct	4 [50]	2 [25]	2 [25]	8 [100]
Posters/leaflets/school newsletter	9 (60)	5 (33)	1 (7)	15 (100)
Total	21 (33)	14 (22)	29 (45)	64 (100)

Nil-attendance was most likely for printed sources of awareness - a communication from Sure Start (50%) or posters, leaflets or school newsletters (60%). One-off attendances were highest when the parent found out about the group from a health visitor or leaflet (33%), followed by Sure Start (25%). Although some parents were prepared to try new groups, if they turned up and knew no-one, they often decided not to return (Chapter 8).

Personal recommendation from friends or relatives may have been the most effective way of prompting group attendance because such contacts probably knew what the

² Percentage is in square brackets where row total (N) is less than 10.

mother was like and what she would enjoy, and often acted as a companion to go with. On their own, printed materials were the least effective means of publicity³.

9.5 Source of awareness – Comparison between Sure Start and pre-existing groups

Relatives and friends were a more important source of awareness about pre-existing groups, as they were more likely to have had experience of them than Sure Start groups (Table 9.2). Direct contact from Sure Start, via a letter or information pack, was the most important source of awareness for that project’s groups.

Table 9.2 Sources of group awareness for Sure Start and pre-existing groups

Source of awareness	Type of group	
	Sure Start N (%)	Pre-existing N (%)
Friends/neighbours/acquaintances	5 (25)	19 (43)
Posters/leaflets/school newsletter	5 (25)	10 (23)
Relatives	0 (0)	8 (18)
Health visitor	2 (10)	7 (16)
Sure Start direct	8 (40)	0 (0)
Total	20 (100)	44 (100)

9.6 Decision factors – Attractions and barriers

For decision factors, mother-peer factors (N=31) were the most frequent of the 73 positive comments, followed by the mother-worker relationship (N=17) (Table 9.3). How mothers got on with other mothers and with workers accounted for nearly two-thirds (66%) of all positive comments about groups. By far the most frequently-mentioned of the 115 barriers to attendance were mother-peer factors (45%), followed by practical access barriers (15%), child-peer factors (13%) and child safety (12%).

³ In the first year of the study child’s life (2000), parents named health advisor and other parents as their top two sources of awareness about children’s services. Printed publicity came much lower.

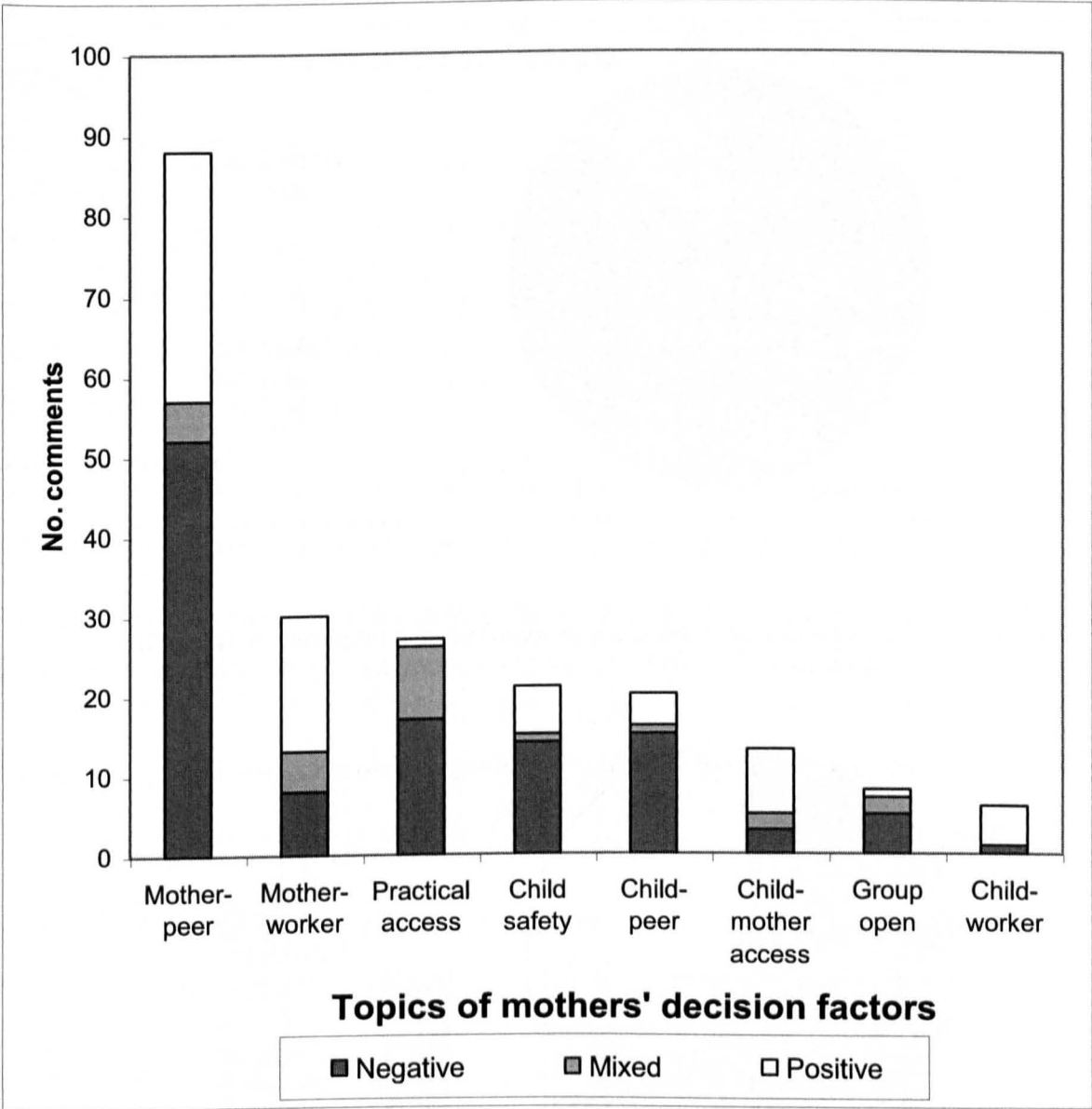
Table 9.3 Positive, mixed and negative comments for each decision factor

Decision factor	Type of comment ⁴			
	Positive N (%)	Mixed N (%)	Negative N (%)	All N (%)
Mother-peer factors	31 (35)	5 (6)	52 (59)	88 (100)
Mother-worker relationship	17 (57)	5 (16)	8 (27)	30 (100)
Practical access	1 (4)	9 (33)	17 (63)	27 (100)
Child safety	6 (28)	1 (5)	14 (67)	21 (100)
Child-peer factors	4 (20)	1 (5)	15 (75)	20 (100)
Child-mother access	8 (62)	2 (15)	3 (23)	13 (100)
Group open to child	1 [12]	2 [25]	5 [63]	8 [100]
Child-worker relationship	5 [83]	0 [0]	1 [17]	6 [100]
<i>Total</i>	73 (34)	25 (12)	115 (54)	213 (100)

Presented more visually (Fig. 9.4), the stacked columns show the preponderance of mother-peer factors over others.

⁴ Percentage is in square brackets where row total (N) is less than 10 – for example [15%]; percentage is in round brackets where row total (N) is 10 or more – for example (15%) .

Figure 9.4 Positive, mixed and negative comments for each decision factor



9.7 Decision factors and frequency of attendance

Attractions and barriers for each decision factor were linked with frequency of attendance. Attractions were associated overwhelmingly (89%) with regular attendance; in 64 out of 72 cases where an attraction was mentioned, children attended at least twice (Fig. 9.5). However, barriers were linked with fairly equal proportions of nil (30%), one-off (36%) and more frequent attendance (34%) (Fig. 9.6).

Figure 9.5 *Frequency of attendance associated with positive decision factors (Attractions)*

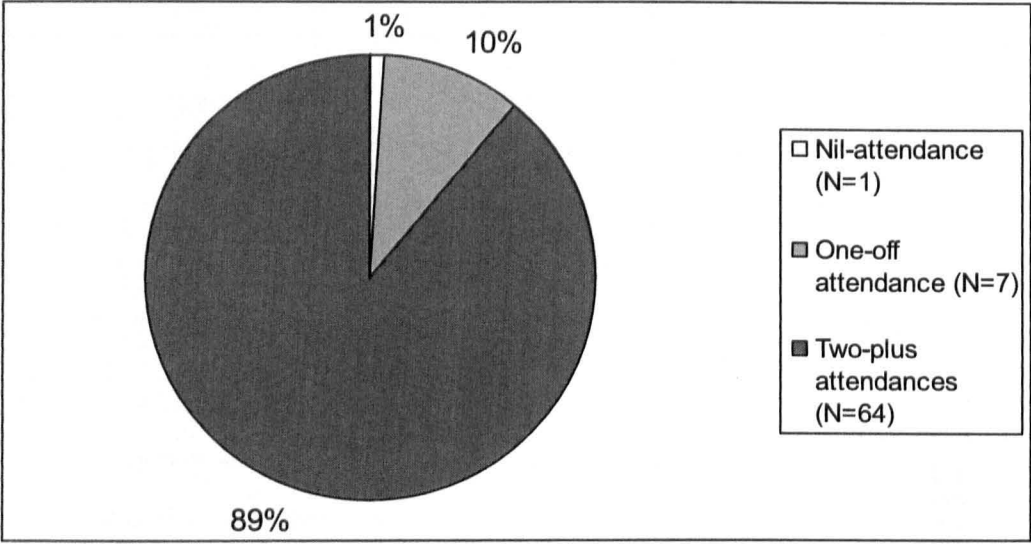
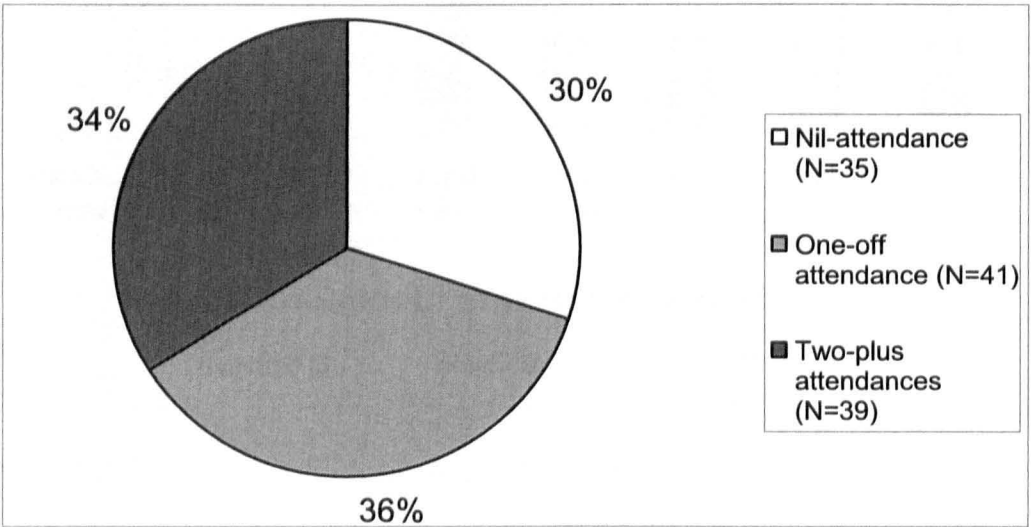


Figure 9.6 *Frequency of attendance associated with negative decision factors (Barriers)*



9.8 Attractions and barriers – Average attendance

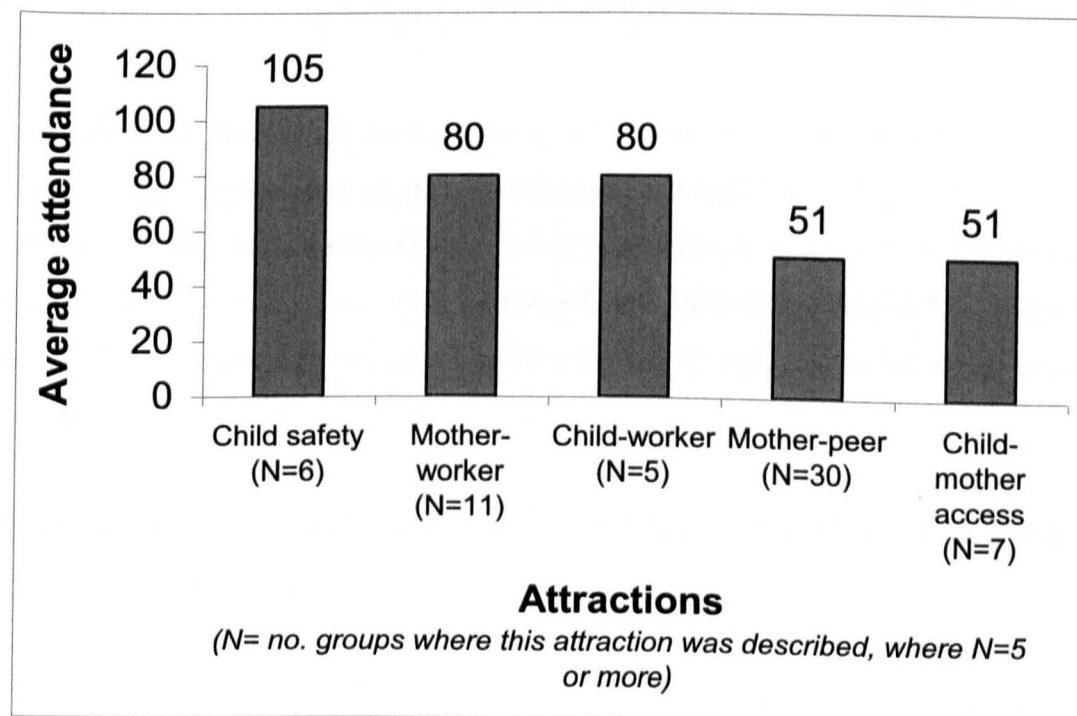
Average attendance at groups where an attraction was described was nearly six times that of where a barrier was described. For the 63 attractions where attendance frequency was known, average attendance was 65 times (Table 9.4), nearly six times as much as groups where a barrier was described (11 times). Of the total 73 attractions described, 40 (55%) applied to groups described as mothers’ ‘best’ ones.

Table 9.4 Average attendance for different types of attraction

Attraction	N ⁵	Average attendance ⁶
Child safety	6	105
Mother-worker relationship	11	80
Child-worker relationship	5	80
Child-peer factors	4	(75)
Mother-peer factors	30	51
Satisfactory child-mother access	7	51
Practical access	0	N/A ⁷
Group open to child	0	N/A
Total	63	65

For each attraction mentioned five or more times, average attendance was highest where there was good child safety, good mother-worker or child-worker relationship (Fig. 9.7).

Figure 9.7 Average attendance at groups for different types of attraction



⁵ Total no. of attractions for which attendance was known.

⁶ Average in brackets where N<5.

⁷ Not applicable.

The 114 barriers where attendance frequency at the group was known, were associated with an average attendance of 11 times (Table 9.5, Fig. 9.8). Of the total 115 barriers described, 49 (43%) applied to groups described as mothers' 'worst' ones.

Table 9.5 Average attendance for different types of barrier

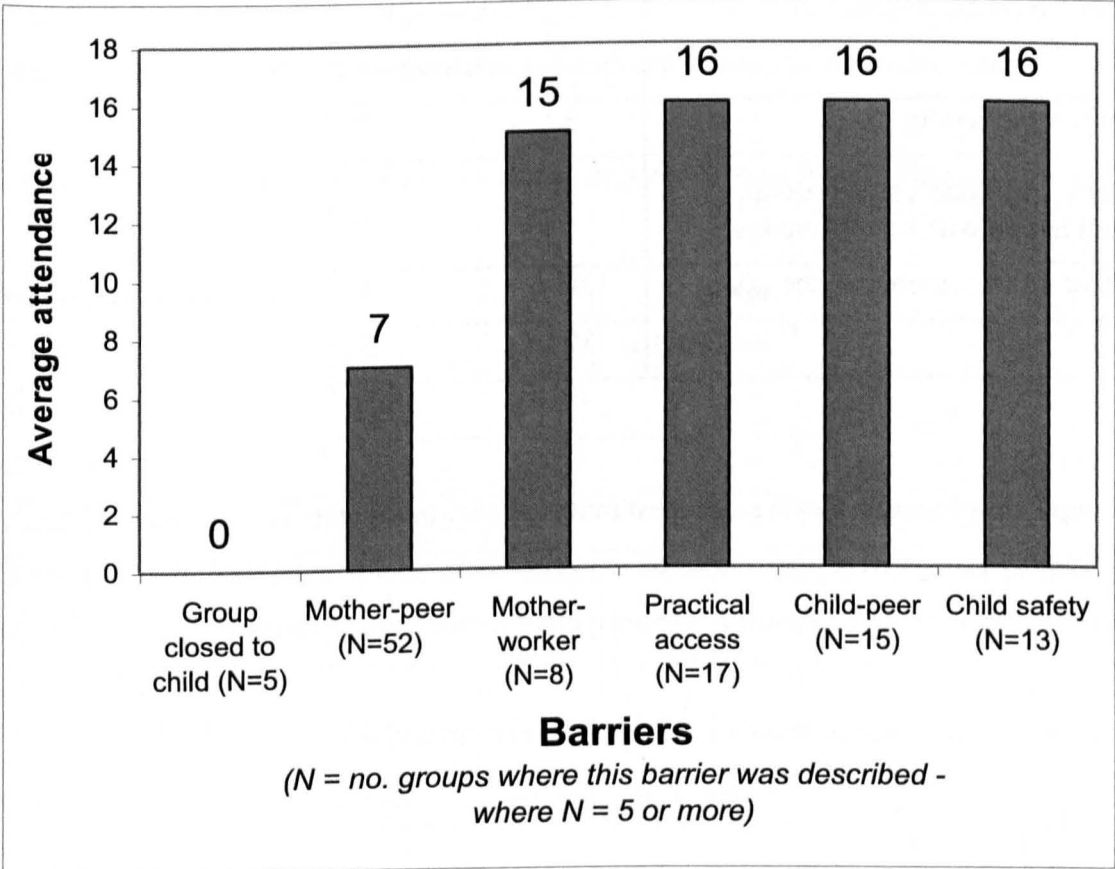
Barrier	N⁸	Average attendance⁹
Group closed to child	5	0
Unsatisfactory child-mother access	3	(1)
Child-worker relationship	1	(1)
Mother-peer factors	52	7
Mother-worker relationship	8	15
Child-peer factors	15	16
Lack of child safety	13	16
Poor practical access	17	16
Total	114	11

For each barrier mentioned five or more times, average attendance was nil where the group was not open to the child (because the child was not eligible or there were no spaces), seven times for mother-peer barriers and over twice as often for mother-worker, practical access, child safety and child-peer barriers.

⁸ Total no. of attractions for which attendance was known.

⁹ Average has been put in brackets where N<5.

Figure 9.8 Average attendance at groups for different types of barrier



9.8.1 Mother-peer attractions and barriers – Average attendance

Mother-peer factors were the only ones numerous enough to warrant analysing theme by theme. Nearly three-quarters (73%) of the parents interviewed made 88 comments on mother-peer factors; 31 were positive (attractions), 52 negative (barriers) and five were mixed.

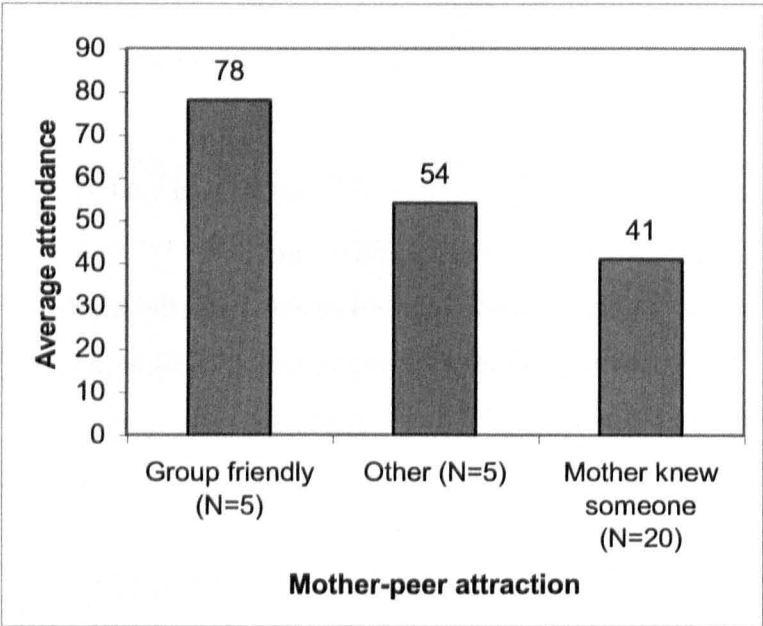
Average attendance was 51 times for the 30 mother-peer attractions where attendance was known (Table 9.6).

Table 9.6 *Average attendance for different types of mother-peer attraction*

<i>Mother-peer attraction</i>	N¹⁰	Average attendance
Group was friendly	5	78
Other – ‘my class’, small group, parent happy with own company ¹¹	5	54
Mother knew someone at the group	20	41
Total	30	51

A group being friendly was the strongest mother-peer attraction (Fig. 9.9). Four of the five friendly groups were also named as mothers’ ‘best’ group, compared to just under one in three (31%) of the groups possessing other mother-peer attractions.

Figure 9.9 *Average attendance for mother-peer attractions*



¹⁰ Total no. of attractions for which attendance was known.

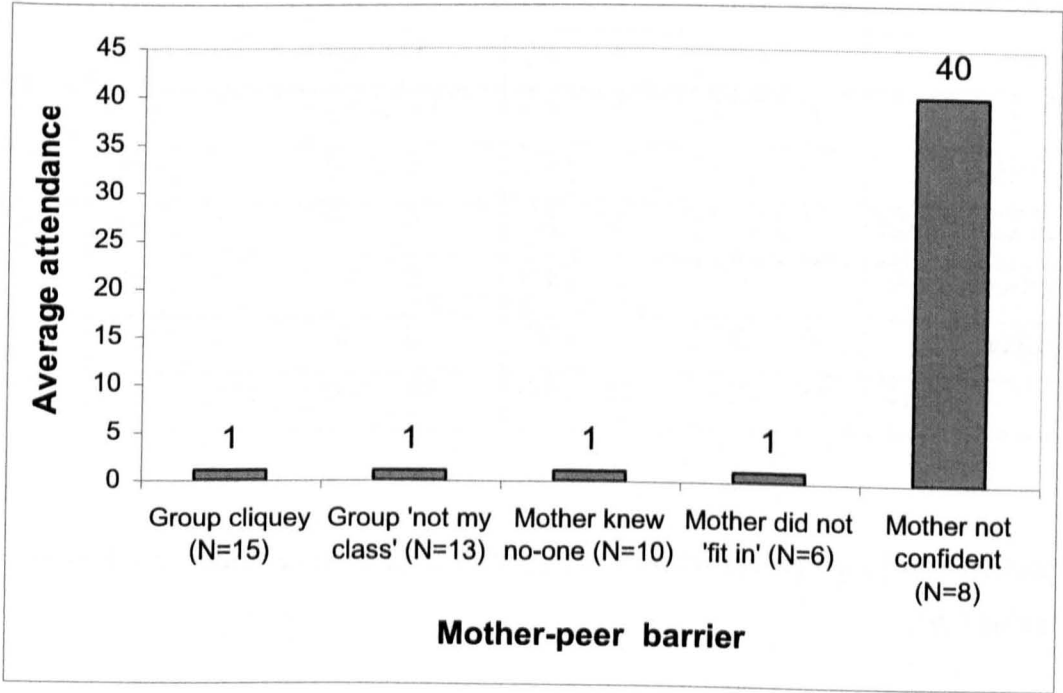
¹¹ Although this may appear to be a barrier to attending groups, the mother describing herself in this way was a high attender and helped run one group, so this statement could indicate mental health (her Malaise score was 1).

Average attendance was seven times for the 52 mother-peer barriers (Table 9.7, Fig. 9.10). For most it was just once; the only exception was a mother saying she was not confident. Two of these six mothers had been encouraged to use groups and had enjoyed attending them regularly; the other four had attended groups no more than once.

Table 9.7 *Average attendance for different types of mother-peer barrier*

Mother-peer barrier	N ¹²	Average attendance ¹³
Group was cliquey	15	1
Group was 'not my class'	13	1
Mother knew no-one at the group	10	1
Mother not confident	8	40
Mother did not fit in with group	6	1
Total	52	7

Figure 9.10 *Average attendance for mother-peer barriers*



¹² Total no. of attractions for which attendance was known.

¹³ Average in brackets where N<5.

Nearly half (24 of 52 - 46%) the groups where a mother-peer barrier was described were named as a mother's 'worst' group. This was the case for five of six groups where a mother did not 'fit in', just over half (eight of 15 - 53%) those she found to be 'cliquey', and less than half for other mother-peer barriers. Perhaps mothers were more likely to name groups as their 'worst' because they felt excluded - by a clique or feeling they did not fit in.

9.9 Barriers - Nil and one-off attendance

The proportion of nil and one-off attendance varied for each barrier (Table 9.8).

Table 9.8 Nil, one-off and two-plus attendance at groups for different barriers

Barrier	Attendance ¹⁴			
	Nil	One-off	Two-plus	All
	N (%)	N (%)	N (%)	N (%)
Mother-peer	13 (25)	25 (48)	14 (27)	52 (100)
Practical access	12 (71)	1 (6)	4 (23)	17 (101)
Child-peer	3 (20)	7 (47)	5 (33)	15 (100)
Child safety	1 (7)	2 (14)	11 (79)	14 (100)
Mother-worker	0 [0]	3 [37]	5 [63]	8 [101]
Group closed to child	5 [100]	0 [0]	0 [0]	5 [100]
Child-mother-access	1 [33]	2 [67]	0 [0]	3 [100]
Child-worker	0 [0]	1 [100]	0 [0]	1 [100]
Total	35 (30)	41 (36)	39 (34)	115 (100)

The proportion of nil and one-off attendance also varied for each individual mother-peer barrier (Table 9.9).

¹⁴ Percentage is in square brackets where row total (N) is less than 10.

Table 9.9 Attendance frequency for different mother-peer barriers

Mother-peer barrier	Frequency of attendance at groups ¹⁵							
	Nil attendance		One-off attendance		Two-plus attendances		Total	
	N	(%)	N	(%)	N	(%)	N	(%)
Group was cliquey	2	(13)	7	(47)	6	(40)	15	(100)
Group 'not my class'	5	(38)	6	(47)	2	(15)	13	(100)
Parent knew no-one	3	(30)	5	(50)	2	(20)	10	(100)
Parent not confident	3	[38]	2	[25]	3	[38]	8	[100]
Parent did not fit in	0	[0]	5	[83]	1	(17)	6	[100]
Total	13	(25)	25	(48)	14	(27)	52	(100)

While 83% of the mother-peer attractions were associated with two-plus group attendances¹⁶, nearly half (48%) of mother-peer barriers were associated with one-off attendances.

9.9.1 Barriers associated with nil attendance

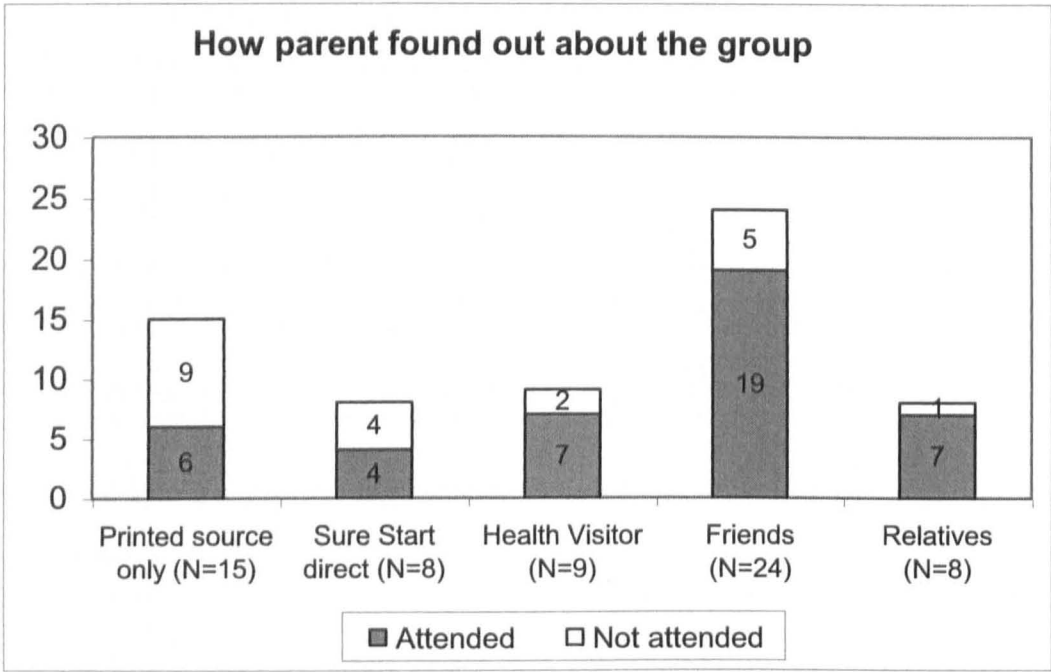
More than one in three groups (37%) that mothers knew about, they decided not to attend with their study child. Why was this?

The role of how mothers found out about groups has already been considered (Chapter 9.6). Nil-attendance was proportionally most likely (60%) for printed sources alone (poster, leaflet, school newsletter), followed by a direct communication from Sure Start (50%), and was least likely for sources already known personally by the mother – health visitor, friends and relatives (Table 9.1, Fig. 9.11).

¹⁵ Percentage is in square brackets where row total (N) is less than 10.

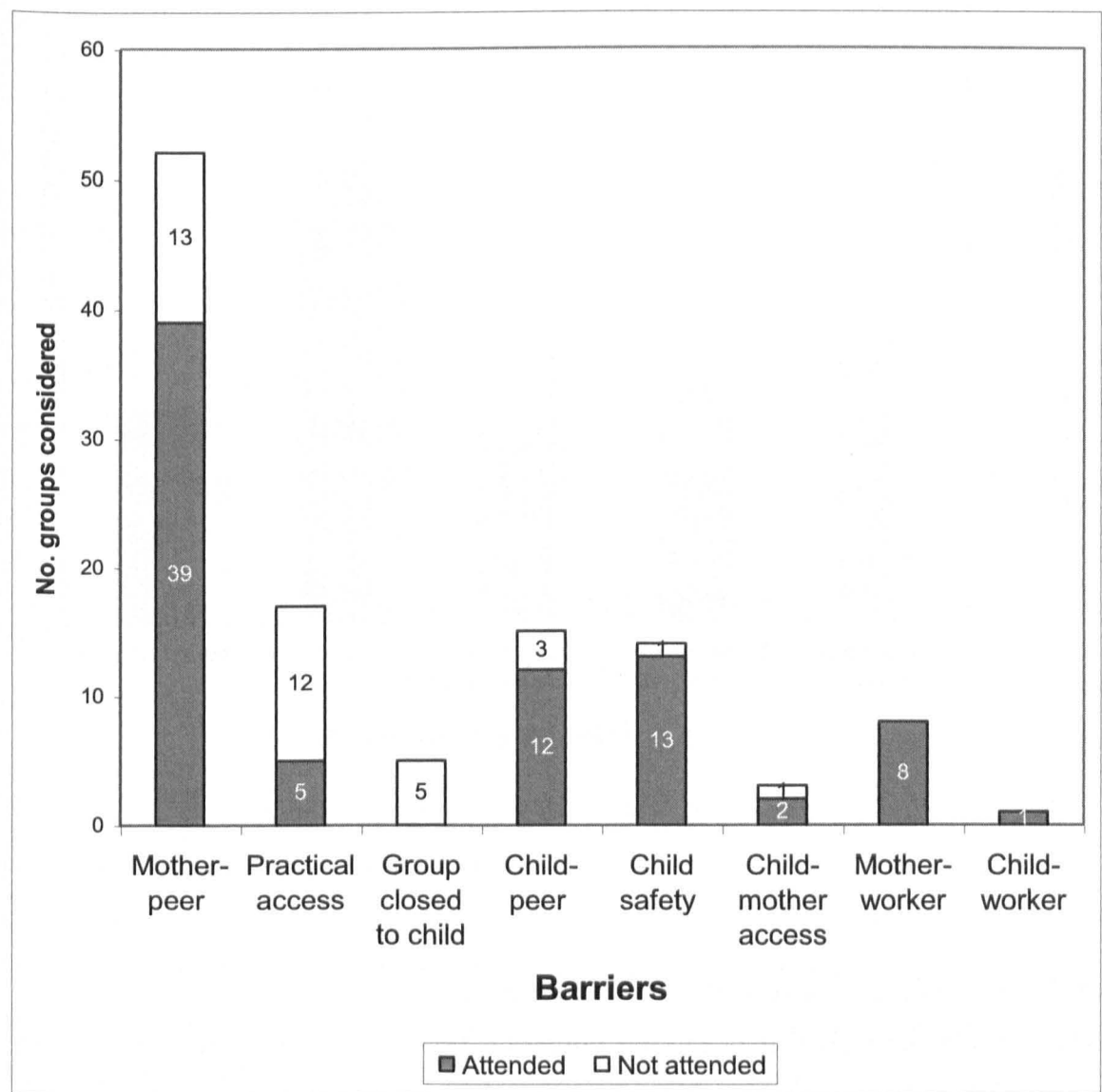
¹⁶ All but five groups where the mother knew but disliked someone at the group.

Figure 9.11 How parents found out about groups and nil-attendance



Which decision factor barriers most effectively put mothers off attending? Thirty-five (30%) of the 115 barriers were associated with nil-attendance (Table 9.8). For all barriers where ten or more comments were made, the greatest proportion of nil attendance was for practical access (71%), followed by mother-peer (25%) and child-peer (20%) barriers (Fig. 9.12). The group not being open to the child, through eligibility or availability of spaces, was associated with 100% non-attendance but only five comments on this barrier were made.

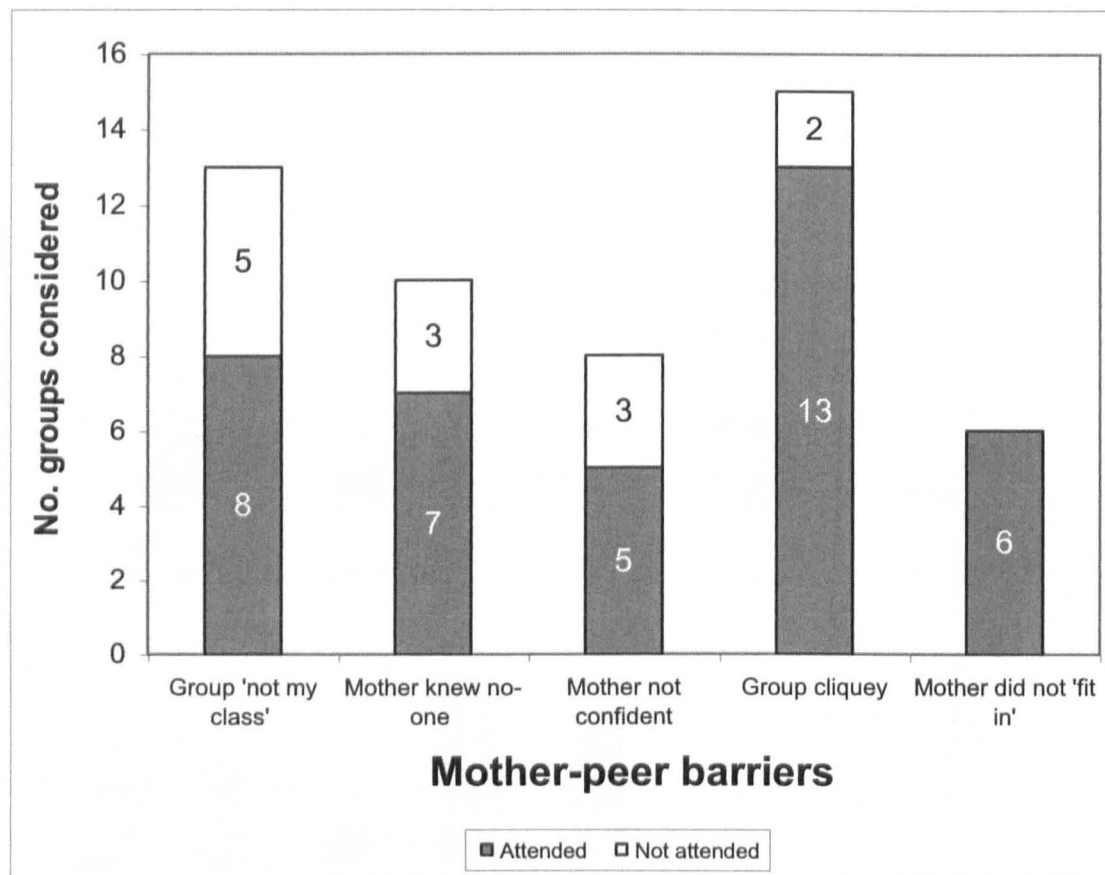
Figure 9.12 Nil-attendance associated with different decision factor barriers



9.9.1.1 Mother-peer barriers associated with nil attendance

The role of individual mother-peer barriers will now be considered. Lacking confidence, feeling a group was ‘not my class’ and knowing no-one were the biggest mother-peer barriers to attending a group (Table 9.9 above, Fig. 9.13). On around a third of occasions in each case, the mother did not attend at all. It would seem that mothers only found out they did not ‘fit in’ after they had attended once.

Figure 9.13 *Mother-peer barriers and nil attendance at groups*

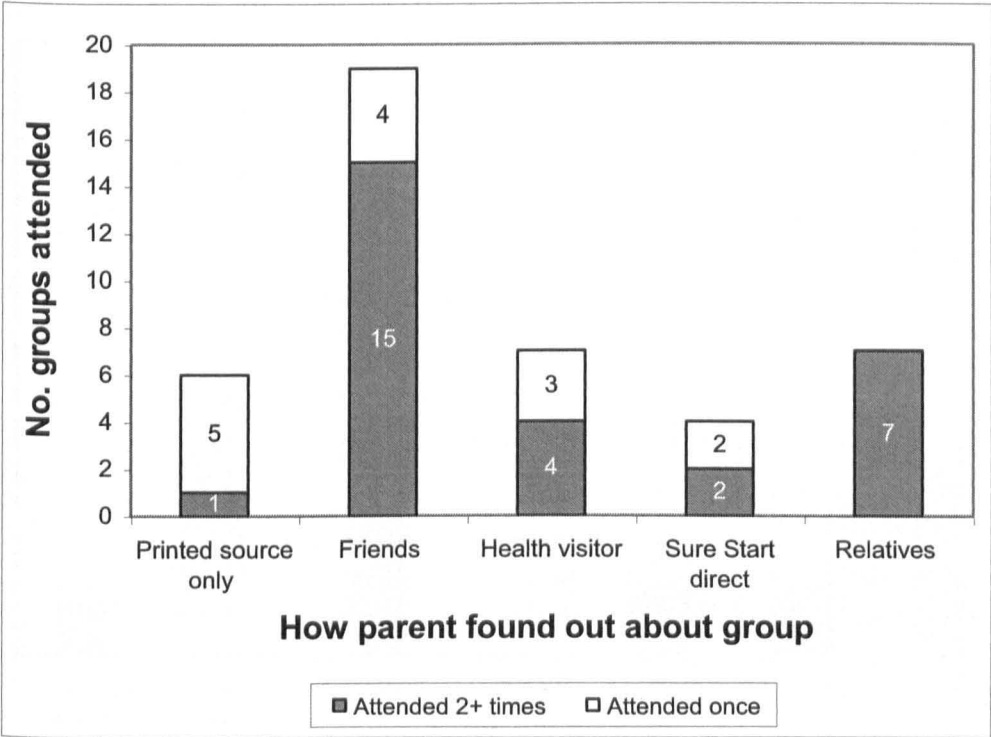


9.9.2 Barriers associated with one-off attendance

What was it about more than one in five groups (22%) that mothers attended once which put them off returning?

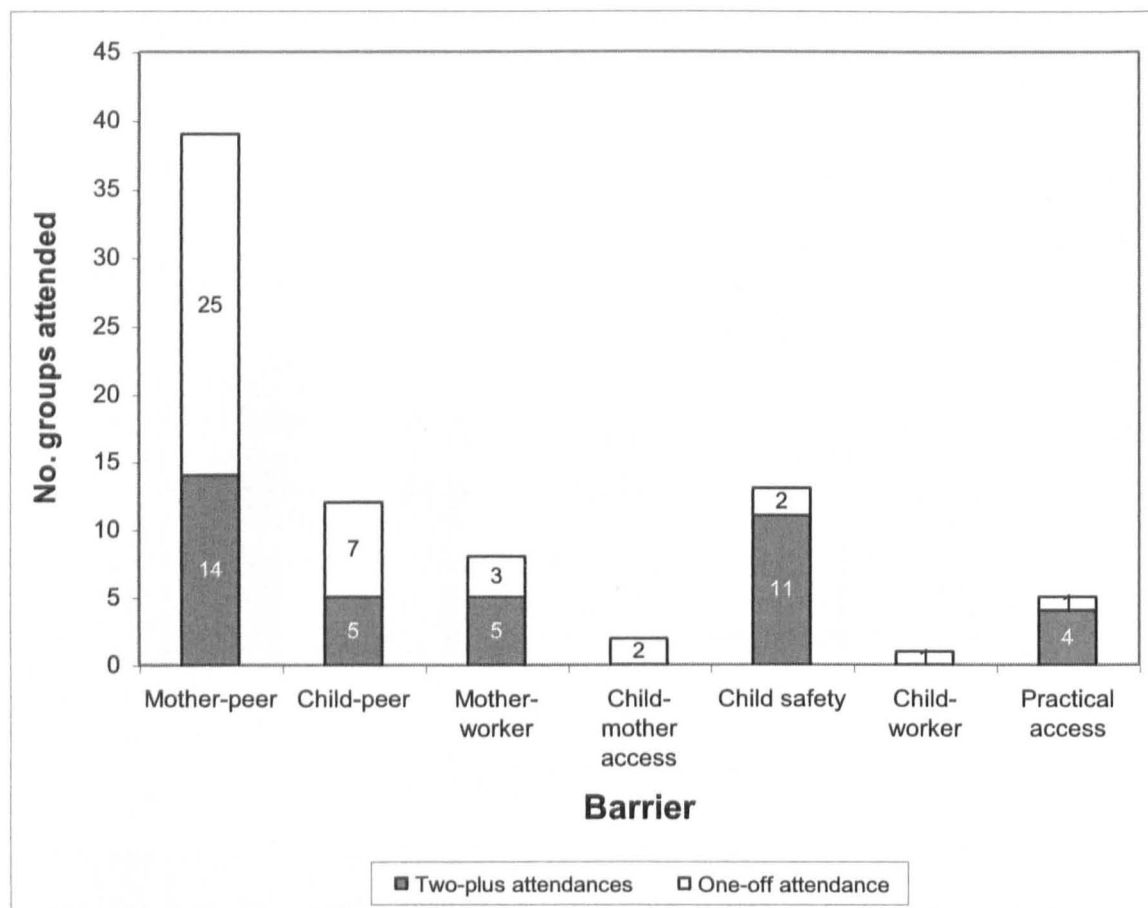
First of all, was the way they found out about the group involved? Printed sources were the most likely to be associated with one-off attendance, followed by a letter from Sure Start (Table 9.1 above, Fig. 9.14). Groups that mothers had discovered through relatives, friends or neighbours were least likely to be used just once.

Figure 9.14 Key barriers to repeat attendance – Source of awareness



Secondly, which types of decision factor barrier were most commonly associated with one-off attendance? Overall, when a mother had mentioned a barrier after attending a group once, in just over half the occasions (41 out of 80), she did not return (Table 9.8 above). Numbers for most barriers were too small for a proper comparison of one-off attendances as a proportion of all attendances. However, looking at the three themes where more than 10 groups in each case were attended, it is apparent that mother-peer barriers were most likely to be associated with one-off attendance (in 25 of 39 cases - 64%), followed by child-peer barriers (in seven out of 12 cases - 58%) then child safety concerns (in two out of 13 cases - 15%) (Table 9.9 above, Fig. 9.15). Peer barriers then, were particularly likely to be associated with a high level of one-off attendance. Thirty-two (78%) of the 41 barriers associated with one-off attendance were peer barriers.

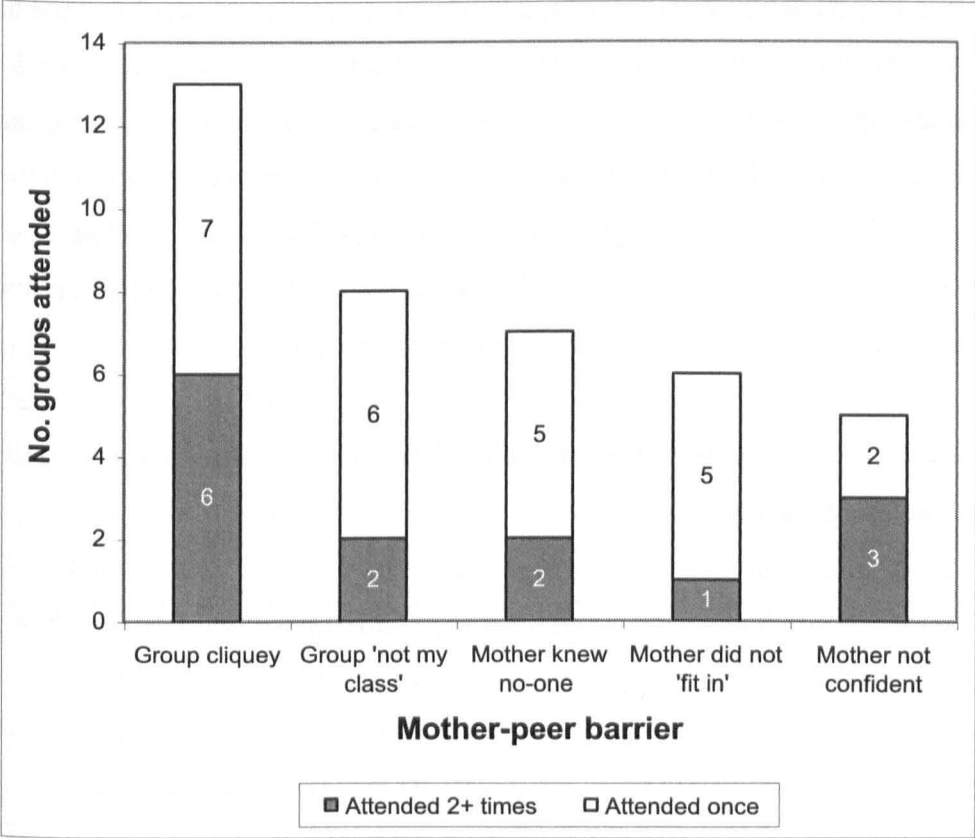
Figure 9.15 Key barriers to repeat attendance – Decision factors



9.9.2.1 Mother-peer barriers associated with one-off attendance

Considering individual mother-peer barriers, three themes were associated with a high level of one-off attendance – the mother feeling she did not fit in (in five out of six groups attended), the group being ‘not my class’ (six out of eight groups attended), and the mother knowing no-one (five out of seven groups attended) (Table 9.9 above, Fig. 9.16). In 16 out of 21 cases (76%) when such a comment was made, the mother did not return. The least powerful barrier to regular attendance at a group was finding it cliquey; in nearly half (46%) of cases this had not deterred repeat attendance.

Figure 9.16 Individual mother-peer barriers and one-off attendance



9.10 Comparing Sure Start and pre-existing groups – Mother-peer factors

Sure Start and pre-existing groups were compared as regards the dominant decision factor - mother-peer attractions and barriers.

Comparing the 83 mother-peer attractions or barriers for the 55 pre-existing and 42 Sure Start groups considered, some differences were apparent (Table 9.10). Overall, proportionally more comments were made about the pre-existing groups (56 comments about 55 groups) than the Sure Start groups (27 comments about 42 groups). In the following comparison the percentage figures relate to the total number of groups of that type considered.

Pre-existing groups were more likely to be described as cliquey. Of the 55 pre-existing groups considered by parents, 13 (24%) were described as cliquey, compared to two (5%) of the 42 Sure Start groups. A similar proportion of both were described as

friendly, two pre-existing groups (4%) and three Sure Start groups (7%). To some extent then, the measures that Sure Start took to counteract unwelcoming cliques forming at groups could be said to have worked. Also, the presence of a facilitator at Sure Start groups might have helped newcomers settle in, whereas many pre-existing groups had no staff. Often they were run by a group of friends, a clique, from which newcomers could feel excluded unless special efforts were made to welcome them. Attending such a group without knowing anyone could do more harm than good psychologically, as many mothers reported, with some becoming 'group-fearful' as a result (Chapter 8). The minority of pre-existing groups run by paid staff attracted the most enduring attendances – such as a group at the Family Centre and the Teenage Mothers group.

Table 9.10 Comparison of mother-peer attractions and barriers for pre-existing and Sure Start groups

Mother-peer factor	Groups considered		
	Pre-existing N (% of 55 groups)	Sure Start N (% of 42 groups)	All N (% of 97 groups)
Group-level			
Knew someone	17 (31)	4 (10)	21 (22)
Knew no-one	8 (15)	2 (5)	10 (10)
Friendly	2 (4)	3 (7)	5 (5)
Cliquey	13 (24)	2 (5)	15 (15)
My class	1 (2)	1 (2)	2 (2)
Not my class - 'Stuck-up'	4 (7)	0 (0)	4 (4)
Not my class - 'Rough'	3 (5)	6 (14)	9 (9)
Small group	1 (2)	1 (2)	2 (2)
Individual-level			
Mother not confident	5 (9)	3 (7)	8 (8)
Mother 'did not fit in'	2 (4)	4 (10)	6 (6)
Mother happy with own company	0 (0)	1 (2)	1 (1)

As far as social class was concerned, only pre-existing groups were described as 'stuck-up' (7% of them). To some extent this accorded with the facts, inasmuch as high attenders of pre-existing groups were found to be higher social class than those of Sure Start groups (Chapter 7). Nearly three times the proportion of Sure Start groups (14%) were described as 'rough', compared to pre-existing groups (5%), although this was inflated by one mother describing three Sure Start groups as 'rough' (half of the six so described).

In nearly a third (31%) of the pre-existing groups, parents reported knowing someone there, compared to 10% of Sure Start groups. Knowing no-one was reported for 15% of pre-existing groups, compared to 5% of Sure Start ones. So, whether a parent knew someone or not at a group seemed to have been more important for pre-existing than Sure Start groups. This may have been because Sure Start groups included staff who could help new parents settle in and get to know other members.

To summarise, pre-existing groups were more likely to be described as cliquy and parents were more likely to report knowing no-one at these groups. Only pre-existing groups were described as 'stuck-up', whereas Sure Start groups were more likely to be perceived as 'rough'.

9.11 Decision factors – Leading attractions and barriers

The leading attractions and barriers can be listed in order of strength according primarily to the average number of attendances, but also taking into account the proportion of nil and one-off attendances. For attractions, the proportion of groups named as a mother's 'best' is taken into account, but for barriers the proportion of groups named as mothers' 'worst' is not because to do so a mother would have had to attend a group, and in many cases she had not used such groups at all. Types of barrier and attraction mentioned less than five times are excluded from these lists, and the types are not broken down into individual themes because in most cases numbers were too small.

9.11.1 The top five attractions to group attendance

Although the most frequently-mentioned attraction was mother-peer factors, this came fifth in terms of strength as an attraction to group attendance (Table 9.11). Top came

child safety, followed by a good child-worker relationship, then the desired level of access that mother and child had to each other. In all these cases, mothers used the groups at least twice.

Table 9.11: The top five types of attraction to attending groups

Type of attraction (where N>4)	No. groups	Measures of strength of attraction	
		Average attendance	Mother's 'best' group N (%) ¹⁷
Safe for child	6	105	5 [83]
Good child-worker relationship	5	80	4 [80]
Desired mother-child access	8	51 ¹⁸	5 [63]
Good mother-worker relationship	17	80 ¹⁹	9 (53)
Positive mother-peer factors	31	51	12 (39)

Fourth came a good mother-worker relationship. Although averaging 80 attendances, this factor was associated with one-off attendances in three out of 17 cases, so was not enough in itself to guarantee regular attendance. Nor was it enough to guarantee a high rating by the mother; in nearly one in five cases (18%) the group was named mothers' 'worst' one.

Fifth came positive mother-peer factors, where average attendance (51 times) was lowered by nil-attendance in one case and one-off attendance in four cases; although the mothers knew someone at these groups, they did not like them. Also, one in six of the groups where there was a mother-peer attraction were nevertheless named as mothers' 'worst' group. When mother-peer attractions were analysed individually, some proved stronger than others, particularly other mothers being friendly (see 9.9.1).

¹⁷ Percentages are in square brackets where the row total (N) is less than 10.

¹⁸ Attendance frequency was only known for seven of these cases.

¹⁹ Attendance frequency was only known for 11 of these cases.

9.11.2 Decision factors – The top five barriers to group attendance

The most commonly-mentioned barrier to attendance was mother-peer factors, but this was only the second-strongest (Table 9.12). Strongest was the group not being open to the child, which was associated with nil average attendance. Mother-peer barriers were associated with an average attendance of seven; in nearly half the cases (48%) attendance was once-only, and in a quarter of cases (25%) attendance was nil. Within this topic, individual themes proved stronger barriers than others, particularly the mother lacking social confidence, knowing no-one at the group and perceiving it not to be ‘my class’ (see 9.9.1).

Table 9.12: The top six types of barrier to attending groups

Type of barrier (where N>4)	No. groups	Strength of barrier	
		Average attendance	Nil-attendance N (%) ²⁰
Group closed to child	5	0	5 [100]
Negative mother-peer factors	52	7	13 (25)
Poor practical access	17	16	12 (71)
Negative child-peer factors	15	16	3 (20)
Unsafe for child	14	16 ²¹	1 (7)
Poor mother-worker relationship	8	15	0 [0]

Poor practical access was the third-strongest barrier, with average attendance being 16 times, but nil attendance on nearly three out of four occasions.

Negative child-peer factors were the fourth-strongest barrier; only in one-third of the cases did children attend two or more times. Mothers attended such groups more often (16 times) than when there were negative peer factors for themselves (7 times).

²⁰ Percentages are in square brackets where the row total (N) is less than 10.

²¹ Only known for 13 groups.

There were two joint fifth-strongest barriers. A poor mother-worker relationship was associated with an average attendance of 15 times, and mothers considering groups unsafe for their child used them on average 16 times. In both cases over half the groups were described as the mothers' 'worst' ones (five of the eight with a mother-worker barrier, and eight of the 14 considered unsafe for the child).

9.12 Outcomes from attending groups – Gains and losses

As far as outcomes from group attendance were concerned, mother- and child-peer factors (mother/child socialising and mother feeling supported) were the most frequently-mentioned, generating 57 (40%) of the 144 gains and 11 (42%) of the 26 losses for mothers and children (Table 9.13). Other important gains were cognitive benefits (17%), the desired level of mother-child access (10%) and suitable refreshments (9%). Other important losses or deficits were the structure of the children's session (19%) and cognitive aspects, including boredom (15%). Overall, gains outnumbered losses by more than five times.

Outcomes for mothers and children are considered in less detail than decision factors, as they were only reported where a study child had attended a group, which affected the proportion of one-off but not of nil attendances.

Table 9.13 *Gains, losses and mixed outcomes from attending groups for mothers and children*

Outcome from attending group	Type of outcome ²²			
	Gain N (%)	Mixed N (%)	Loss N (%)	All N (%)
Mother/child socialising	52 (83)	0 (0)	11 (17)	63 (100)
Mother felt supported	5 [83]	1 [17]	0 [0]	6 [100]
Cognitive activity	25 (86)	0 (0)	4 (14)	29 (100)
Mother/child happy	15 (83)	0 (0)	3 (17)	18 (100)
Acceptable level of child-mother access	15 (100)	0 (0)	0 (0)	15 (100)
Refreshments	12 (92)	0 (0)	1 (8)	13 (100)
Structure of children's activities	4 [44]	0 [0]	5 [56]	9 [100]
Play – premises and toys	5 [71]	0 [0]	2 [29]	7 [100]
Access to resources	6 [100]	0 [0]	0 [0]	6 [100]
Other	5 [100]	0 [0]	0 [0]	5 [100]
<i>Total</i>	144 (84)	1 (1)	26 (15)	171 (100)

9.12.1 Mother gains and losses

All but two of the 25 mothers who had attended early years groups, commented on what they had gained and/or lost from attending. Sixty-nine of the 82 outcomes were gains (84%), 12 (15%) were losses and one (1%) outcome was mixed (Table 9.14). Some mothers reported one or more gain and loss from the same group.

Average attendance associated with gains was more than twice as high (59) as with losses (24) (Table 9.15). In half the cases where the mother reported a loss from attending a group, she attended only once.

Table 9.14 Gains, losses and mixed outcomes for mothers from attending groups

Outcome for mother of attending group	Type of outcome ²³			
	Gain N (%)	Mixed N (%)	Loss N (%)	All N (%)
Socialising	22 (32)	0 [0]	6 (50)	28 (34)
Refreshments	12 (18)	0 [0]	1 (8)	13 (16)
Cognitive activity	9 (13)	0 [0]	3 (25)	12 (15)
Acceptable level of child-mother access	11 (16)	0 [0]	0 (0)	11 (13)
Enjoying the group	7 (10)	0 [0]	2 (17)	9 (11)
Feeling supported	5 (7)	1 [100]	0 (0)	6 (7)
Access to resources	3 (4)	0 [0]	0 (0)	3 (4)
Total	69 (100)	1 [100]	12 (100)	82 (100)

Table 9.15 Attendance associated with mother gains and losses from groups

Mother outcome from attending group	Groups N	Average attendance	One-off attendance N (%)
Gain	69	59	4 (6%)
Mixed ²⁴	1	Not known	Not known
Loss	12	24	6 (50%)
Total	82	54	10 (12%)

Although any gain reported was not much more likely to be associated with a mother's 'best' group (43% were, compared to 33% for all groups), any loss reported was more than twice as likely to be linked to a group being described as a mother's 'worst' one (58%, compared to 23% for all groups). This underlines the potency of a mother experiencing any loss from a group.

²² Percentage is in square brackets where row total (N) is less than 10 – for example [15%]; percentage is in round brackets where row total (N) is 10 or more – for example (15%).

²³ Percentage is in square brackets where column total (N) is less than 10 – for example [15%]; percentage is in round brackets where column total (N) is 10 or more – for example (15%).

²⁴ The only mixed outcome, where the mother went from finding a teenage parents group supportive to not supportive involved 500 attendances with her older child but an unknown number with the study child.

9.12.2 Strength of mother gains and losses

Strength of gains was assessed by average attendance and the proportion of comments associated with mothers' favourite groups (Table 9.16).

Table 9.16 Strength of different mother gains from groups

Mother gain	No. groups	Average attendance ²⁵	'Best' group N (%) ²⁶
Enjoyable	7	77	4 [57]
Access to information, books, equipment	3	(68)	2 [67]
Desired level of interaction with child	11	66	5 (45)
Interesting	9	66	2 [22]
Socialise	22	52	9 (41)
Emotional support	5	51	3 [60]
Refreshments	12	48	5 (42)
Total	69	59	30 (43)

Of gains reported for five or more groups, the three strongest on both measures were the mother:

- enjoying the group - average 77 attendances, four of seven (57%) were mothers' 'best' groups
- having the desired level of interaction with her child - average 66 attendances, five out of 11 (45%) were mothers' 'best' groups
- finding the group supportive – average 51 attendances, three out of five (60%) groups were mothers' 'best' ones

²⁵ Average in brackets where row total (N) is less than 5.

²⁶ Percentages are in square brackets where row total (N) is less than 10.

Strength of losses was assessed by two measures, average attendance and proportion of comments associated with mothers' 'worst' groups (Table 9.17). Only one loss was reported more than four times - when a mother did not like socialising with others at the group. On average, mothers reporting this loss only attended once and five out of six found the experience so unpleasant that they named the group as their 'worst' one.

Table 9.17 Strength of different mother losses from groups

Mother loss	No. groups	Average attendance ²⁷	'Worst' group	
			N	(%) ²⁸
Not enjoyable	2	(5)	1	[50]
Disliked socialising with peers	6	1	5	(83)
Found group boring	3	(67)	1	(33)
No refreshments	1	(70)	0	[0]
Total	12	24	7	(58)

9.12.3 Child gains and losses

Child gains (N=75) reported by their mothers outweighed losses (N=14) by around five to one (Table 9.18). Like their mothers, children could experience both a gain and loss from the same group but unlike mothers, no conversions of gain into loss or vice versa were reported.

²⁷ Average is in brackets where row total (N) is less than 5.

Table 9.18 *Gains, losses and mixed outcomes for children of attending groups*

Child outcome of attending group	Type of outcome ²⁹			
	Gain N (%)	Mixed N (%)	Loss N (%)	All N (%)
Socialising	30 (40)	0 [0]	5 (36)	35 (39)
Cognitive activity	16 (21)	0 [0]	1 (7)	17 (19)
Enjoying the group	8 (11)	0 [0]	1 (7)	9 (10)
Structure of children's session	4 (5)	0 [0]	5 (36)	9 (10)
Play – premises and toys	5 (7)	0 [0]	2 (14)	7 (8)
Capacity-building ³⁰	4 (5)	0 [0]	0 (0)	4 (5)
Access to resources	3 (4)	0 [0]	0 (0)	3 (3)
Other	5 (7)	0 [0]	0 (0)	5 (6)
Total	75 (100)	0 [0]	14 (100)	89 (100)

Overall, child gains were associated with more than double the average attendance (46 times) as losses (22 times) (Table 9.19). One-off attendances were much higher where a child loss was reported (50%) compared to a gain (8%).

Table 9.19 *Attendance associated with child gains and losses from groups*

Child outcome from attending groups	Groups N	Average attendance	One-off attendance
			N (%)
Gain	75	46	6 (8)
Loss	14	22	7 (50)
Total	89	42	14 (16)

²⁸ Percentages are in square brackets where row total (N) is less than 10.

²⁹ Percentage is in square brackets where column total (N) is less than 10 – for example [15%]; percentage is in round brackets where column total (N) is 10 or more - for example (15%) .

³⁰ Capacity-building involves helping the child to become more independent and empowered.

Just over one-third (35%) of groups where a child gain was reported, were named as mothers' favourite ones. Two-thirds of groups where a child loss was reported were named as their mothers' 'worst' one. These figures were similar to those for mother gains and losses, with one important difference. No groups where parents recorded a loss were named as their favourite group, but a quarter of groups where a child experienced a loss were. This graphically shows that the mother gains and losses were more important in affecting how much they enjoyed groups, than those experienced by their children.

9.12.4 Strength of child gains and losses

Strength of child gains was assessed on the same two measures as for parent gains – average attendance and proportion associated with mothers' favourite groups (Table 9.20).

Table 9.20 Strength of different child gains from groups

Child gain (reported by mothers)	No. groups	Average attendance ³¹	'Best' group N (%) ³²
Play- premises and toys	5	62	1 [20]
Resources – borrow books or toys	3	(57)	1 [33]
Other	5	55	2 [40]
Happy	8	51	3 [38]
Desired structure of group activities	4	(47)	3 [75]
Socialise	30	43	11 (37)
Opportunity to learn, interesting	16	40	5 (31)
Capacity-building – independence and empowerment	4	(34)	0 [0]
Total	75	46	26 (35)

³¹ Average in brackets where row total (N) is less than 5.

³² Percentages are in square brackets where row total (N) is less than 10.

The top three child gains (where five or more were reported) were:

- child was happy – average 51 attendances, three out of eight (38%) were mothers’ ‘best’ groups
- child learned useful skills, games or knowledge – average 40 attendances, five out of 16 (31%) were mothers’ ‘best’ groups
- child liked socialising with its peers - average 43 attendances, 11 out of 30 (37%) were mothers’ ‘best’ groups

The strength of child losses was assessed by average attendance, the proportion associated with mothers’ ‘worst’ groups and with one-off attendances (Table 9.21).

Table 9.21 Strength of different child losses from groups

Child loss (reported by mothers)	No. groups	Average attendance ³³	'Worst' group		One-off attendances	
			N	(%) ³⁴	N	(%) ³⁵
Disliked socialising with peers	5	2	3	[60]	4	[80]
Unwanted structure of group activities	5	31 ³⁶	2	[40]	1	[20]
Play - premises and toys	2	(7)	2	[100]	1	[50]
Lack of opportunity to learn	1	(1)	1	[100]	1	[100]
Unhappy	1	(100)	0	[0]	0	[0]
Total	14	22	8	[57]	7	(50)

³³ Average is in brackets where row total (N) is less than 5.
³⁴ Percentages are in square brackets where row total (N) is less than 10.
³⁵ Percentages are in square brackets where row total (N) is less than 10.
³⁶ For four where number of attendances was known.

The only two losses reported more than four times were:

- the child not getting on with its peers at the group – average two attendances, three out of five (60%) were mothers' 'worst' groups, and four (80%) were associated with one-off attendances.
- the level of structure of the group being unwanted by the mother – average 31 attendances, two out of five (40%) were mothers' 'worst' groups, and 20% were one-off attendances.

For both mothers and children, the most frequently-mentioned gain and loss was whether they enjoyed socialising with others in the group. This highlights the importance of peer factors in the use of early years groups.

9.13 Conclusion

Quantitising parents' qualitative comments about early years groups enabled some interesting findings to emerge, particularly regarding effective means of publicity and the most powerful attractions and barriers to using groups.

As regards how the mother found out about the group, links with frequency of attendance were compelling. Although word-of-mouth recommendation has long been recognised as more effective publicity than posters, here its association with average attendance at least twice as high as for more impersonal publicity, demonstrated the point. The association of publicity by poster-only with nil-attendance was striking, and only one group publicised by leaflet or newsletter was attended more than once. Parents prefer a personal approach, in just the same way that they far prefer to attend a group where there is someone they already know and like. Just as Ghate and Hazel (2002) found that relationships were at the heart of support, so they are at the heart of groups. Organisations running groups ignore this at their peril.

Of the 381 comments that parents made on decision factors and outcomes of group attendance for themselves and their children, where any positive comment was made, the group was almost always attended (in over 99% of cases), usually two or more times (in 92% of cases). In just 8% of cases, it was attended once. However, where any negative

comment was made about a group, attendance was far more likely to be nil (in 25% of cases), most likely to be once-only (39%), and just over one-third (36%) likely to be two or more times. Any positive comment was therefore very likely to be associated with 'regular' attendance, whereas negative comments were as likely to be associated with one-off as with more frequent attendance, and nearly as often with nil-attendance. This is reflected in average attendance. For positive comments this was 62 times, whereas for negative comments it was just 12 times. Mixed comments, where a parent had attended long enough for attractions and barriers to change, were associated with the largest average number of attendances (77 times).

Breaking the comments into themes, just as peer factors proved to be the most common theme for decision factors and mother and child outcomes from group attendance in Chapter 8, so they also proved to be the most potent barrier to attendance and source of losses from attendance in this chapter. Mother-peer and child-peer factors accounted for 58% of all barriers and 42% of mother and child losses from attending groups.

Analysis of individual mother-peer themes showed that parents who lacked confidence were those least likely to go to a group at all. Other peer concerns – a mother feeling she did not 'fit in', finding the group 'cliquey' or not the 'right' social class, or not knowing anyone there – came into play once mothers had attended once, putting them off going again.

This analysis has enabled the study of one-off attendances, a subject of concern to organisations running groups. Although printed publicity alone was sometimes enough to attract a minority of mothers to a group the first time, peer factors for both mother and child would then play an important role in whether the mother returned. If the mother had been invited by a friend who already went, or a relative accompanied her, the chances of regular attendance were high. However where she found a mother-peer barrier, nearly two out of three times (64%) she did not return. Overwhelmingly, in nearly four out of every five cases, the barriers associated with one-off attendance were peer barriers; 61% were mother-peer and 17% child-peer barriers.

Differences between Sure Start and pre-existing groups were apparent, both in how mothers found out about groups and the prevalence of different peer factors. Friends and relatives were a more frequent source of information about pre-existing groups than Sure

Start groups, which they were less likely to have had experience of because they were newer. Mothers were more likely to describe pre-existing groups as 'cliquey' and to comment on not knowing anyone at these groups than Sure Start groups, which may reflect the key role of facilitators and 'welcomers' at Sure Start groups.

Allying qualitative themes (mothers' comments on groups) with quantitative measures (frequency of attendance and mother's rating of group), has been a method which I believe has allowed the relative strength of different barriers and attractions to group attendance to be compared. On the one hand it was valid because the sample appeared to be largely representative of parents from the area (see Chapter 4), but on the other hand numbers were often small, the analysis of 'volunteered variables' not accredited, and statistical tests for strength and significance of association could not be established. As a result no claims can be made that these findings are generalisable. However they could be regarded as indicative. A way to test their validity might be to incorporate the themes into showcard answers in a larger-scale survey, so that normal statistical tests could be carried out on the results. However this would only work if, by that stage of the interview, the respondent felt able to reveal psychological and social difficulties about joining a group during the more superficial process of a wholly structured questionnaire interview.

Chapter 10

Parent Clusters

10.1 Introduction

In Chapter 7 parents were divided into two categories on the basis of their attendance at early years groups - high and low attenders. However this did not prove very fruitful even when distinguishing between parents favouring Sure Start and pre-existing groups. A much more meaningful division could be made when the psychology of non-attendance was taken into account, which the qualitative analysis of parents' comments had shown to be so important (Chapter 8).

This enabled two radically-different types of non-attender to be identified – 'group-fearful' parents who were afraid of groups and avoiders who were not. The peer-factor model based a three-way split of parents - 'group-fearful', avoiders and attenders - on two criteria, fear of attending groups and group attendance. Parents and children in each cluster were fairly homogeneous, showing significant associations with many variables, although the associations must be considered as indicative rather than absolute, because of the small numbers.

The analysis was then taken a step further. Another factor emerging from the qualitative analysis, was taken into account – some parents' keen and pressing aspiration to live in a more affluent area than the Sure Start neighbourhood. As a result, three main clusters of parents were identified in this multi-factor model - strugglers, swimmers and surfers – which were associated with many variables. Each cluster was sub-divided according to whether parents attended groups and whether, by the Stage 2 interview, they had moved to a more affluent area. This finer-grained six-way model yielded even more homogeneous clusters in terms of parent and child wellbeing and other key variables, but the clusters were too small to carry out any statistical testing.

Both the peer-factor clusters and the multi-factor clusters were based on a combination of quantitative and qualitative criteria, clearly showing the utility of this mixed-method study. The combination of in-depth interviewing and tick-box questionnaire allowed a more complete picture of families to be gained than from either method alone.

Struggling families, where both parents and children have poor wellbeing and might benefit from intervention, could be clearly identified from either model. In the peer-factor model, they could largely be identified from just two questions: “Are you afraid of going out alone or meeting people?” and “Have you taken your child to any pre-school groups¹?”

In both the peer-factor and multi-factor models, group attendance was a key criterion, showing how important this can be to distinguish between different types of families, with different levels of wellbeing, for whom different types of help may be more or less suitable.

The first part of this chapter describes the peer-factor model and characteristics of its clusters. The second part describes the multi-factor model. The peer-factor model was useful in highlighting differences between two types of non-attender, which may be useful for organisations wishing to engage high-need non-attenders. As Chapter 8 identified, there were also different types of attender – local and aspirational, struggling and coping. The six-cluster multi-factor model distinguishes more clearly between these.

10.2 Statistical analysis of the three-cluster models

In the following accounts, each of the three-cluster models is analysed in terms of distinguishing characteristics, often indicated by significant association with parenting variables (where $p < 0.05$). As the three-way parent clusters in each case were a nominal variable, the Chi-Square statistical test was used, treating all variables as binary variables for the sake of consistency and so that the percentages for each cluster were easily comparable (Chapter 4). However the results must be regarded as indicative because expected cell counts in the three-by-two tables were smaller than five, violating a Chi-Square rule (Clark-Carter 2004, Pallant 2005). This jeopardised the accuracy of the significance level (p value).

A further statistical approach was employed. The Kruskal-Wallis independent group comparison test was used to test the significance of differences between the distributions of scores for the three groups on the continuous variables. This test, which was not

¹ ‘Pre-school’ is in more common use among parents than ‘early years’ to describe such groups.

compromised by small sample size, produced similar results (Table 10.1). This gives confidence that the Chi-square significance levels were reasonably accurate for comparing the three parent clusters on binary variables.

Table 10.1 Comparison of significance levels for association between peer-factor parent clusters and key variables in both binary and continuous form

Variable (2003/4) (<i>N = 30 in every case</i>)	Association with Peer-Factor Parent Clusters			
	Kruskal-Wallis test (continuous variables)		Chi-Square test (binary variables)	
	<i>Chi-Square statistic (df)</i>	Signific- -ance level (p)	<i>Chi-Square statistic (df)</i>	Signific- -ance level (p)
Child behaviour problems (SDQ)	8.790 (2)	0.012	10.644 (2)	0.005
Parent Malaise score	10.297 (2)	0.006	10.339 (2)	0.006
No. of parent's physical health problems in last 3 months	10.425 (2)	0.005	10.556 (2)	0.005
Parent's self-esteem	12.366 (2)	0.002	10.147 (2)	0.006
CPQ family problem score	6.276 (2)	0.043	7.008 (2)	0.030

Another reason why the values for significance level were less useful was because for some variables there was a striking difference between one of the clusters and the other two, rather than between all three. This might not have featured overall as significant ($p < 0.05$) but nevertheless importantly distinguished one cluster from the other two, denoting a unique or nearly-unique characteristic. For instance, none of the 'group-fearful' parents had a very supportive resident partner, whereas half the avoiders and attenders did. This finding was not significant for the three clusters ($p = 0.08$), but nevertheless was an important characteristic of 'group-fearful' parents. Such findings are not recorded in the overall tables but are included in the cluster profiles. The main aim of the tables is to highlight the way clusters differ as to the incidence of characteristics.

SECTION I

The Peer-Factor Model – ‘Group-fearful’ Parents, Avoiders and Attenders

10.3 Introduction to the peer-factor model

Parents were divided into three clusters (‘group-fearful’, avoiders and attenders) according to a key peer factor affecting their group attendance, whether they were ‘group-fearful’, which was identified from the qualitative section of the interview (Table 10.2).

Table 10.2: Criteria for allocating parents to peer-factor clusters

Peer-factor parent cluster	Parent characteristic	
	Afraid of going to a group	Group attendance (parent had taken study child to early years groups 5+ times)
‘Group-fearful’ ($N=6$)	Yes	No ²
Avoider ($N=8$)	No	No
Attender ($N=16$)	No	Yes

In identifying these clusters, the threshold for parent-reported group attendance was dropped from 21 (as used in Chapter 7) to five in order to focus on very-low attenders³.

First, sketches of the three clusters are drawn, followed by an illustration of how they differed significantly on five key continuous variables (using a statistical test whose accuracy was not jeopardised by the small sample). Then the clusters, which were entered into the SPSS⁴ database as a variable, are compared according to correlation with the wide range of variables outlined in the parenting model (Chapter 3) and detailed in the profile (Chapter 5). More detailed portraits of each of the clusters are then drawn, particularly of those who were ‘group-fearful’, the highest-need parents.

² The only exception to this was a parent who had become afraid of going out alone since the study child was born and she had moved to a new neighbourhood.

³ This only involved one parent changing from a low to a high attender; she had attended a group 17 times with her son and was contemplating taking him to a new Sure Start group.

⁴ Statistical Package for the Social Sciences (Version 14.0).

10.4 Introduction to 'group-fearful' parents, avoiders and attenders

There were six 'group-fearful' parents, eight avoiders and 16 attenders. 'Group-fearful' parents were afraid of attending groups. During the study child's lifetime up to the second interview (3-5 years), five of these parents said they had attended early years groups no more than three times each. One had attended groups regularly with an older child but later became afraid of going out alone, and a sixth parent had regularly attended a group with her study child, adult daughter and grandchild, but after moving due to family victimisation, became afraid of going to groups. Both these parents were particularly sensitive to feeling criticised or rejected, and would not go to groups alone.

Avoiders were parents who said they had attended groups up to four times altogether with the study child, but chose not to become regular attenders. They did not like the cliquishness of some groups, but did not feel afraid of the clique, or of what others would say about them. They were more psychologically and socially robust than 'group-fearful' parents. Instead they chose to socialise informally with friends and family.

Attenders were parents who said they had attended early years groups with the study child five or more times, and in all but one case more than 25 times. Many had encountered bitchiness or cliquishness at a group, and sometimes had stopped going because of this. But this bad experience did not put them off groups as a whole, and they later found a group where they did feel comfortable. Just as two 'group-fearful' parents had been regular attenders in the past, so two current regular attenders had previously been 'group-fearful' but had been sympathetically encouraged to attend. As parents' circumstances and psychological strength changed, so their feelings about social interaction in groups changed, as did their attendance pattern.

10.5 Comparison of peer-factor parent clusters on key variable scores

In general, for the vast majority of the 138 variables considered, 'group-fearful' parents were the most disadvantaged by a long way. Avoiders tended to be the most advantaged, with attenders a short distance behind. This vividly demonstrates the danger of considering all no/low attenders as one category.

Each cluster showed a number of clear characteristics distinguishing it from the others. To give an idea of the distinction between clusters, five key variables showing significant

differences are shown (Table 10.3). Association between these continuous or ordinal variables and the clusters was calculated using the Kruskal-Wallis test. In addition, the mean scores of each variable are shown for each cluster to denote the differences between them.

Table 10.3 *Mean score of peer-factor parent clusters on key continuous variables and significance of differences between them*

Variable (2003/4)	Mean score				Kruskal-Wallis test ⁵	
	'Group-fearful' (N = 6)	Avoiders (N = 8)	Attenders (N = 16)	All (N=30)	Chi-Square statistic (df)	Significance level (p)
No. child behaviour problems (SDQ)	17.5	7.1	12.5	12.1	8.790 (2)	0.012
Parent Malaise score	10.5	3.9	3.4	5.0	10.297 (2)	0.006
No. of parent's physical health problems in last 3 months	2.7	1.1	0.6	1.2	10.425 (2)	0.005
Parent's self-esteem (high score = low esteem)	11.8	5.6	5.1	6.6	12.366 (2)	0.002
No. CPQ family problems	4.5	1.4	2.3	2.5	6.276 (2)	0.043

'Group-fearful' parents had the lowest self-esteem, the highest Malaise score (and were the only cluster whose mean Malaise score had risen since 2000, from 8 to 10.5), the most physical health problems and CPQ family problems. Their children had more behaviour problems, averaging above the threshold for 'Abnormal' behaviour (SDQ score - 17). They were also poorer than the other clusters, with a mean equivalised household income (£7,884 p.a.), around two-thirds that of avoiders and attenders (although this difference was not significant at $p < 0.05$).

In contrast, avoiders were healthier physically and mentally, averaged only 1.4 CPQ family problems, and their children had by far the fewest behaviour problems.

⁵ The Kruskal-Wallis test compares the median rank of scores rather than the mean, as the distribution of scores was non-normal.

Attendees had the fewest physical health problems of all three clusters, good mental health, high self-esteem and few CPQ family problems, but their children had almost twice as many behaviour problems as avoiders' children.

There was quite a social class divide between the three peer-factor clusters. Parents from classes A, B and C1 were all attendees. All but one of the 'group-fearful' parents were the lowest social class E, receiving Income Support. Avoiders consisted solely of social classes C2, D and E.

Comparing the clusters on global parenting variables, a similar pattern of difference is apparent (Table 10.4). No 'group-fearful' parents were coping well and only one had enough support. Half the avoiders were coping well and all but one had enough support. Over a third of attendees were coping well but less than half had enough support. These differences were only significant for how well-supported parents felt (Chi-Square Test: Chi-Square=4.125, df=2, p=0.025, N=30). Although the significance levels using the Chi-square test were not accurate because of the small sample size, when a Kruskal-Wallis test was carried out on feeling supported as an ordinal variable, the significance level (which was accurate as no rules were violated for this test) was virtually the same (Kruskal-Wallis: Chi-Square=7.302, df=2, p=0.026, N=30).

Table 10.4 *Global parenting variables for peer-factor parent clusters*

Global parenting variables	Peer-factor parent clusters				Chi-Square test ⁶	
	'Group-fearful' (N=6) N (%)	Avoiders (N=8) N (%)	Attendees (N=16) N (%)	All (N=30) N (%)	Test statistic (df)	Significance level (p)
Parent coping well	0 (0)	4 (50)	6 (38)	10 (33)	4.125 (2)	>0.10
Parent has enough support	1 (17)	7 (88)	7 (44)	15 (50)	7.417 (2)	0.025

10.6 Associations between peer-factor parent clusters and variables

There were significant ($p < 0.05$) associations between the three peer-factor clusters and 34⁷ of the 138 variables, 12 at a very significant ($p < 0.01$) level, using the Chi-Square test. Seven of the significant associations were with parental health and psychology, five with 2000-2003/4 journey variables, four with demographic variables, four with family and personal problems and four with parental task burden (Table 10.5).

Over a third of all significant associations (11) were between variables involving parents' emotional and physical resources (their mental and physical health and psychology) and the presence or absence of problems that could take a heavy toll on their well-being (experience of abuse, family problems, difficult household change).

The only support variables significantly associated with peer-factor clusters concerned statutory services – contact with a social worker and child's attendance at council day nursery. One other associated non-significantly, how often the parent had seen a health visitor; 83% of 'group-fearful' parents had seen health visitors more than 10 times about the study child, compared to 25% of avoiders and 33% of attenders (Chi-Square Test: Chi-Square=5.639, $p=0.060$, $df=2$, $N=30$). This may have been related to these children's more problematic behaviour, since all had more than 10 behaviour problems, compared to one of eight (12%) avoiders and nine of 16 (44%) attenders. In two other ways, 'group-fearful' parents shouldered a heavier task burden than others; half had had six or more children, compared to only one avoider and one attender, and more had had to cope with extra care responsibilities during the study child's lifetime. However, where the study child's growth and development were concerned, attenders reported the highest number of problems.

'Group-fearful' parents, then, had more contact with health visitors, social workers and their children were more likely to have been referred to a council nursery. However there was one exception in their higher use of statutory services - ante-natal classes. Only parents happy to use early years groups seemed willing to join ante-natal classes. Group attenders were far more likely than non-attenders of either type to have gone to ante-natal classes; 10 of 14 parents (71%) had, compared to only two of 13 non-attenders (15%).

⁶ The accuracy of significance levels was compromised because the small sample size violated Chi-Square test rules (Chapter 10.2).

⁷ The association with Malaise was measured at two thresholds, 8 and 5.

Table 10.5 Incidence of parenting variables among Peer-Factor Parent Clusters

Variable (2003/4 unless otherwise specified)	N ⁸	Parent cluster				Chi-Square Test ⁹		
		Non-attenders		Attenders N (%)	All N (%)	Test statistic	df	Signific- ance level (p)
		'Group-fearful' N (%)	Avoiders N (%)					
Global Parenting								
Did not want more support	30	1 (17)	7 (88)	7 (44)	15 (50)	7.417	2	0.025
Demography								
Child – Lower school year – nursery class	30	1 (17)	4 (50)	12 (75)	17 (57)	6.244	2	0.044
Higher social class A-C1	30	0 (0)	0 (0)	6 (38)	6 (20)	6.563	2	0.038
Someone in household employed	30	1 (17)	4 (50)	13 (81)	18 (60)	8.038	2	0.018
Household not receiving Income Support	30	0 (0)	4 (50)	13 (81)	17 (57)	11.929	2	0.003
Education (parent)								
GCSE	29	1 (17)	7 (88)	12 (80)	20 (69)	9.805	2	0.007
Education was not interrupted – pre- or post-16	30	1 (17)	7 (88)	12 (75)	20 (67)	8.813	2	0.012

⁸ Total number of parents for whom information on this variable was available.

⁹ These values are approximate as the sample was not large enough to allow the expected value in each cell to be five or more, as required for the Chi-Square test. P values < 0.01 were printed in **bold**.

Variable (2003/4 unless otherwise specified)	N	Parent cluster				Chi-Square Test		
		Non-attenders		<i>Attend</i> <i>ers</i> N (%)	<i>All</i> N (%)	<i>Test</i> <i>statistic</i>	df	Signific- ance level (p)
		<i>'Group-fearful'</i> N (%)	<i>Avoiders</i> N (%)					
<i>Support system</i>								
Never been in touch with social worker	30	0 (0)	5 (63)	12 (75)	17 (57)	10.147	2	0.006
Ever been to ante-natal class	27	1 (17)	1 (14)	10 (71)	12 (44)	8.582	2	0.014
Study child did not go to council nursery before 3	30	1 (17)	6 (75)	13 (81)	20 (67)	8.531	2	0.014
<i>Parental health/psychology</i>								
Well or mostly well	30	2 (33)	8 (100)	15 (94)	25 (83)	13.650	2	0.001
Fewer (<2) physical health problems in last 3 months	30	1 (17)	6 (75)	14 (88)	21 (70)	10.556	2	0.005
Good mental health (Malaise score 0-4)	30	0 (0)	6 (75)	10 (63)	16 (53)	8.906	2	0.012
Malaise score not high (0-7)	30	2 (33)	7 (88)	15 (94)	24 (80)	10.339	2	0.006
High self-esteem (score 3-5)	30	0 (0)	5 (63)	12 (75)	17 (57)	10.147	2	0.006
High home order	30	0 (0)	5 (63)	9 (56)	14 (47)	6.646	2	0.036
Not afraid to go out alone or meet people	30	0 (0)	8 (100)	15 (94)	23 (77)	24.759	2	<0.001
Not often lonely	29	1 (17)	8 (100)	14 (93)	23 (79)	18.234	2	<0.001

Variable (2003/4 unless otherwise specified)	N	Parent cluster				Chi-Square Test		
		Non-attenders		Attendees	All	Test statistic	df	Significance level (p)
		'Group-fearful' N (%)	Avoiders N (%)					
<i>Family problems</i>								
Fewer (<3) CPQ family problems	30	1 (17)	7 (88)	9 (56)	17 (57)	7.008	2	0.030
Fewer (0-4) major family problems -CPQ & others	30	1 (17)	6 (75)	12 (75)	19 (63)	7.033	2	0.030
No verbal, physical or sexual abuse of parent – as child or adult	30	1 (17)	7 (88)	10 (63)	18 (60)	7.257	2	0.027
No difficult household change for parent ¹⁰	30	2 (33)	6 (75)	14 (88)	24 (73)	6.563	2	0.038
<i>Parental task burden</i>								
Fewer behaviour problems of study child (0-10)	30	0 (0)	7 (88)	9 (56)	16 (53)	10.664	2	0.005
Fewer (<2) problems with study child's growth or development	30	4 (67)	8 (100)	6 (38)	18 (60)	8.819	2	0.012
No extra care duties/own health impede childcare	30	2 (33)	6 (75)	15 (94)	23 (77)	8.921	2	0.012
Parent had had less than 6 children	30	3 (50)	7 (88)	15 (94)	25 (83)	6.150	2	0.046
<i>Parent-child relationship</i>								
Study child often obedient	30	2 (33)	6 (75)	14 (88)	22 (73)	6.563	2	0.038

¹⁰ Child left to live with father, or partner left & was not replaced.

Variable (2003/4 unless otherwise specified)	N	Parent cluster				Chi-Square Test		
		Non-attenders		<i>Attend</i> <i>ers</i>	<i>All</i>	<i>Test</i> <i>statistic</i>	df	Signific- ance level (p)
		<i>'Group-fearful'</i> N (%)	<i>Avoiders</i> N (%)					
<i>Study child's 1st year - 2000</i>								
Malaise score not high (0-7)	30	1 (17)	7 (88)	12 (75)	20 (67)	8.813	2	0.012
Study child's father did enough to look after study child	30	1 (17)	4 (50)	13 (81)	18 (57)	8.038	2	0.018
Not frightened of going out alone or meeting people	30	3 (50)	8 (100)	14 (88)	25 (83)	6.600	2	0.037
<i>Journey Variables 2000-3/4</i>								
No support gap either time	29	0 (0)	5 (71)	6 (38)	11 (37)	7.004	2	0.030
Malaise score not high either time (0-7)	30	1 (17)	7 (88)	12 (94)	20 (67)	10.339	2	0.006
No Income Support either time	30	0 (0)	2 (25)	10 (63)	12 (40)	8.125	2	0.017
No extra care burden during study child's lifetime	30	1 (17)	6 (75)	13 (81)	20 (67)	8.531	2	0.014
Not afraid to go out alone or meet people at either time	30	0 (0)	8 (100)	13 (81)	21 (70)	18.393	2	<0.001

As regards informal support, only one variable was significantly associated with peer-factor parent clusters at a $p < 0.05$ level; in the study child's first year of life, attenders were more likely than other parents to have had enough support from the child's father. In 2003/4 three informal support variables were associated with these clusters, but not at a significant level (Chi-Square Test: Chi-Square=5.000, $p=0.082$, $df=2$, $N=30$ in each case). These were: a very supportive resident partner, high valence¹¹ from their three key supporters (in both cases, no 'group-fearful' parents but 50% of avoiders and attenders had this), and seven or more informal supporters (88% of attenders did, compared to 50% of 'group-fearful' parents and avoiders). This last may indicate attenders' more gregarious nature.

Historical and journey variables echoed some of the above associations, regarding parental mental health, care burden and income, whether they had felt afraid of meeting people or going out alone, or had had a support gap in 2000 or 2003/4.

These peer-factor parent clusters, then, distinguished fairly clearly between parents not only for one global parenting variable (wanting support) but across more than three times as many variables (34 compared to 10) as the two-way division between high and low group attenders (Chapter 7).

10.7 'Group-fearful' Parents - Profile

The six 'group-fearful' parents suffered a plethora of disadvantage, all or all but one sharing 36 characteristics (Table 10.6). To highlight which are particularly distinctive to 'group-fearful' parents, the significance level of these associations using Fisher's Exact test is shown¹². For 22 variables the association was significant at a level $p < 0.05$.

Demographically, none of the 'group-fearful' parents was employed and all received Income Support. Only one had GCSE qualifications and all but one had had their education interrupted and been unable to resume it. None had post-16 qualifications.

¹¹ High valence involved seeing them frequently and feeling warmly supported.

¹² This level was accurate because the two variables being correlated were binary and Fisher's Exact test could be used.

Table 10.6 Characteristics of 'Group-fearful' parents

Variable Type	Characteristic of all or all but one 'Group-fearful' parents	Fisher's Exact test		
		Significance level (p) ¹³	df	N
Global Parenting	Not coping well	0.074	1	30
	Needed more support	>0.10	1	30
Demography	Receiving Income Support	0.003	1	30
	No-one in household employed	0.026	1	30
	Social class E	0.026	1	30
	Higher school year (reception class)	0.061	1	30
Education	No qualifications	0.005	1	29
	Education interrupted before/after age 16	0.009	1	30
Support system	No very supportive resident partner	0.057	1	30
	In contact with mother at least weekly	0.061	1	25
	Low valence from three key supporters (did not see often and receive warm support)	0.057	1	30
	Had few (0-2) friends as parenting supporters	>0.10	1	30
	Used PPE help more (6+ times) in last 4 weeks	>0.10	1	24
	Ever seen a social worker	0.003	1	30
	Saw a health visitor 11+ times re. study child	0.056	1	29
	Ever seen counsellor	>0.10	1	25
	Study child attended council day nursery pre-3	0.009	1	30
	Never attended ante-natal class	>0.10	1	27
Parental health and psychology	Not fit and well	>0.10	1	30
	2 or more physical health problems	0.005	1	30
	Not good mental health (Malaise score 5+)	0.005	1	30
	Low self-esteem	<0.001	1	30
	Low home order	0.019	1	30
	Often lonely	<0.001	1	29
	Afraid to go out alone or meet people	<0.001	1	30
Family problems	Physically/sexually abused as a child/adult	0.009	1	30
	3 or more CPQ family problems	0.061	1	30
	6 or more expanded family problems (CPQ, other major problems in last year)	0.016	1	30

¹³ Variable and significance level is printed in bold where $p < 0.05$.

Variable Type	Characteristic of all or all but one 'Group-fearful' parents	Fisher's Exact test		
		Significance level (p) ¹³	df	N
Parental task burden	Parent not employed	0.024	1	30
	Study child had SDQ score of 11 or more (incl. 50% in Borderline/Abnormal range)	0.005	1	30
Study child's 1 st year	High Malaise score (8 or more)	0.009	1	30
	Child's father did not do enough with study child	0.026	1	30
2000-2003/4 Journey	At least one support gap	0.058	1	29
	Received Income Support at one/both times	0.057	1	30
	High Malaise score in 2000 and/or 2003/4	0.007	1	30
	Extra care burden during study child's lifetime	0.009	1	30

As might be expected since this cluster was based on a fear of going to groups, several psychological variables were distinctive. All 'group-fearful' parents were frightened of going out alone or meeting people, compared with only one of the other 24 parents. For half, this fear had developed since the study child's first year of life.

No 'group-fearful' parents had good mental health (four had an elevated risk of depression¹⁴), all had low self-esteem and a low home order score, and all but one often felt lonely. Physically, all but one had experienced two or more health problems in the previous three months and did not describe themselves as 'fit and well'. During the study child's lifetime all but one had had an extra care burden¹⁵.

All but one reported a high number of family problems, and the same number reported experiencing physical or sexual abuse at some point in their lives. Two-thirds had experienced a difficult household change since the study child was born, compared to less than a third of other parents (27%); either they had split from their resident partner and not found a new one, and/or one of their children had left home to live with his or her biological father (Fisher's Exact test: $p=0.029$, $df=1$, $N=30$).

None of the 'group-fearful' parents was coping well and all but one wanted more support with parenting, which was not surprising given depletion of their own resources through

¹⁴ Malaise score of eight or more.

¹⁵ Either their own health had made childcare more difficult, or they gave extra care to others with health conditions or disability.

poor health and multiple problems. None had a very supportive resident partner (two-thirds were lone parents), nor did any have high valence (frequent contact and warm support) from their three key supporters, and all but one had fewer than three friends they could call on for help with parenting. Although all had mothers who were still alive and in weekly contact, only in one case was she warmly supportive and living nearby. All but one 'group-fearful' parent had used informal help more often than parents in other clusters¹⁶, despite two-thirds having fewer types of help available to them.

All 'group-fearful parents' had been in touch with a social worker at some point in their lives (50% about the study child), and all but one had seen a health visitor more than 10 times about the study child. This may have been connected with their difficult circumstances and the more problematic behaviour of their study children (half had an SDQ score in the Borderline/Abnormal range). All but one of these children had been to a council day nursery before the age of three¹⁷. Where known, all but one 'group-fearful' parent had seen a counsellor at some point. Only one, though, had ever been to antenatal class, reflecting their general fear of attending groups.

In the year of the study child's birth, all but one 'group-fearful' parent had a high risk of depression (Malaise score of eight or more), and only one was receiving enough support from the child's father. Half were frightened of going out alone or meeting people at that point; by 2003/4, all were.

More than twice the proportion of this cluster wanted to move out of their current neighbourhood (67%), compared to attenders and avoiders (25% in each case).

One sphere where 'group-fearful' parents did not suffer the most disadvantage, concerned problems with the study child's growth and development. Attenders' children had had the most problems, avoiders' children the fewest.

To summarise, no 'group-fearful' parent was coping well. This cluster suffered from multiple disadvantages – educational, financial, physical and mental health, and lack of informal support. They were dealing with more family problems than other parents, more

¹⁶ 83% had used PPE help six or more times in the previous month, compared to 33% of avoiders and 50% of attenders.

¹⁷ Places were reserved for children judged to be in need, with referrals being made by health visitors.

difficult household changes, and all but one had suffered abuse. Their study children displayed considerably more behaviour problems. This cluster had made the most use of professionals, perhaps because of their high needs, their lack of informal support and their fear of accessing groups.

Schiller (2003) identified some mothers as particularly prone to feeling unsafe in groups because they had suffered hurtful 'disconnections' in the past, such as abuse, abandonment, depression, loss and trauma (Chapter 8.22). This study supports this finding, showing that parents identified as 'group-fearful' were significantly more likely than others to have poorer mental health, to have been left by their partner or a child under 16, to have experienced six or more family problems in the previous year, and to have suffered physical or sexual abuse in their lifetime.

10.8 Avoiders – Profile

Of all three peer-factor clusters, the eight avoiders scored the best on several key variables. Half were coping well, all but one felt well-supported, they had the fewest family problems to contend with, and fewer behaviour problems in their study children (Table 10.3 and 10.4). For these last three variables, the difference between avoiders and other parents was significant using Fisher's Exact test. Not so homogeneous as 'group-fearful' parents, only 10 characteristics were shared by all or all but one avoiders (Table 10.7).

Demographically, avoiders were not the richest group. They occupied the middle ground, being less likely than attenders but considerably more likely than 'group-fearful parents' to live in working households, have a higher income and not to be receiving Income Support. However, they were the best-educated. All but one had GCSEs, and nearly two-thirds (63%) had post-16 qualifications (compared to 38% of attenders and 0% of 'group-fearful' parents); this last association was marginally significant (Fisher's Exact test: $p=0.056$, $df=1$, $N=30$).

Table 10.7 *Characteristics of Avoider parents*

<i>Variable Type</i>	<i>Characteristic of all or all but one Avoiders</i>	Fisher's Exact test		
		Significance level (p) ¹⁸	df	N
Global Parenting	Well-supported	0.035	1	30
Support system	Enough childcare	>0.10	1	30
Parental health and psychology	Well or mostly well	>0.10	1	30
	Not often lonely	>0.10	1	29
Family problems	Parent had not suffered any abuse	0.099	1	30
	Fewer than 3 CPQ family problems	0.092	1	30
Parental task burden	Less than 2 problems with study child's growth or development	0.010	1	30
	Fewer (0-10) behaviour problems with study child	0.039	1	30
Study child's 1st year	Not high Malaise score (0-7)	>0.10	1	30
2000-2003/4 Journey	Not afraid to go out alone or meet people at either time	0.067	1	30

Although twice the proportion of avoiders (88%) as attenders (44%) did not want more support, they were no more likely to have a very supportive resident partner or high-valence key supporters, and on average had fewer friends they could call on for help with parenting. They were the least positive towards all types of support (83% had low positivity compared to 60% of 'group-fearful' parents and 33% of attenders), which could have contributed towards their decision not to attend groups or (for all but one avoider) ante-natal class. Avoiders may be a particularly self-reliant group of parents.

Summarising, then, parents who avoided going to groups through choice rather than fear were most likely not to have felt the need for more support, not because they received more than others but because they experienced less need. They had fewer family problems, had experienced the lowest rate of abuse, and their study children were the least problematic. They tended not to have the highest incomes or be in the highest social classes of the sample, but were the most highly-educated. Like attenders they had high self-esteem and good mental health. Like their fellow-non-attenders, 'group-fearful' parents, they had avoided going to antenatal classes and reported few problems with their child's growth and development.

¹⁸ Significance level is printed in **bold** where $p < 0.05$.

10.9 Attenders

Fourteen of the 16 attenders were identified as 'high attenders' in Chapter 7, and shared many of their characteristics¹⁹. They were much less likely to be receiving Income Support than other clusters (in 2000 or 2003/4), much more likely to be living in a household where someone was employed, and included the only six representatives of the higher social classes A-C1. Despite these material advantages, they were disadvantaged compared to avoiders on some key factors, though not as deeply as 'group-fearful' parents.

Like avoiders, almost all attenders had GCSEs, most were socially confident (with high self-esteem and all but one not afraid to go out alone or meet people), they tended to be mentally and physically healthy and their study child was often obedient. Also like avoiders, half of attenders received warm frequent support from their three key supporters and half had a very supportive resident partner.

However for the following six variables they differed significantly from 'group-fearful' and avoider parents, using Fisher's Exact test ($p < 0.05$) (Table 10.8).

Table 10.8 Characteristics of Attender parents

Variable Type	Characteristic of at least two-thirds of Attenders	Fisher's Exact test		
		Significance level ²⁰	df	N
Support system	Seven or more informal supporters	0.046	1	30
	Three or more friends as parenting supporters	0.066	1	30
	Ever been to ante-natal class	0.006	1	27
Parental task burden	Two or more problems with study child's growth or development	0.011	1	30
	No extra care burden – through parental ill-health/disability or that of another	0.031	1	30
Study child's 1 st year	Study child's father helped enough with childcare	0.024	1	30

¹⁹ These 14 parents had taken their study child to groups 21 or more times. For the fifteenth attender, the exact number of the child's attendances was not known, and the sixteenth had been to groups 17 times (enough to qualify for the attender cluster in the peer-factor model but not as a 'high attender').

²⁰ Variable and significance level is printed in **bold** where $p < 0.05$.

In 2000, they were more likely to have found the study child's father helped enough with childcare (81% did, compared to 36% of other parents). They had more informal supporters (88% had seven or more compared to 50% of the other two clusters), and more friends who could help with parenting (69% had three or more friends, compared to 29% of other parents). Far more (71%) had been to antenatal class than 'group-fearful' parents (17%) or avoiders (14%). These findings, that attenders were happier to join groups and classes and had more informal supporters and friends, perhaps reflected their more confidently sociable nature than other clusters.

Though less likely to have had difficulties with childcare through ill-health or looking after others, attenders had found more problems with their study child's growth or development since birth; these averaged 1.8 problems each, compared to 0.5 for avoiders' children and 1.3 for those of 'group-fearful' parents. This may have motivated them to seek support through attending groups. Half of attenders (N=8) had found a problem with their child's eating, and a around a third in each case with behaviour (N=5), sleep (N=5) or speech (N=6) problems. All but one of the parents whose child had an eating or speech problem took them to groups.

10.10 Comparing Avoiders with Attenders

In most ways attenders and avoiders were a great deal more advantaged than 'group-fearful' parents. However, the differences between them were interesting. Attenders were less likely to be on the poverty line (Income Support level) and more likely to have had enough help from the child's father in the child's first year of life. Reflecting their greater sociability, attenders were more likely to have a high number of informal supporters and to have attended ante-natal class.

However in other ways, attenders were more disadvantaged than avoiders. They were more likely to have experienced past or present abuse, at least one support gap in 2000 or 2003/4, and to have found more problems with the growth or development and behaviour of their study child. They were also less likely to have a post-16 qualification.

10.11 Conclusion to Peer-Factor Model

Although avoiders and 'group-fearful' parents were quite distinctive groupings, with several characteristics shared by all or all but one of each cluster, attenders had far less in common. Even when the level of commonality was reduced to two-thirds, attenders were only characterised by six parenting factors; in comparison, over 80% of 'group-fearful' parents had 36 factors in common and over 80% of avoiders had 10 factors in common. The heterogeneous nature of attenders is addressed more satisfactorily in the multi-factor model.

SECTION II

The Multi-Factor Model – Swimmers, Strugglers and Surfers

10.12 Introduction to the multi-factor model

In this second, more fine-grained model, the 30 parents were first divided into swimmer, surfer and struggler clusters on the basis of two criteria (the source of information is indicated in brackets afterwards):

- ‘Group-fearfulness’ – feeling afraid of going to groups (qualitative comments)
- Socio-geographic aspiration – an urgent determination to move out of the neighbourhood to a more advantaged one (questionnaire and qualitative comments).

Swimmers were content to remain in the local area, strugglers were struggling, and surfers wanted to move out to a more advantaged area, or already had (Table 10.9).

Table 10.9 Criteria in three-cluster Multi-Factor Model

Multi-factor parent cluster	Parent characteristic	
	‘Group-fearful’	Keenly wants to live in richer area than study area
Strugglers ($N=7$)	Yes	No
Swimmers ($N=15$)	No	No
Surfers ($N=8$)	No	Yes

Each cluster was then subdivided on the basis of two more criteria (Table 10.10), whether the parent:

- had taken the study child to early years groups five or more times in total (questionnaire)
- had moved out of the study area to a more advantaged area (questionnaire and qualitative comments)

Table 10.10 Criteria in six-cluster Multi-Factor Model

Parent cluster	Parent Characteristic		
	'Group-fearful' in 2000 or 2003/4	Keenly wanted to move to richer area	Attended early years groups with study child 5+ times
Strugglers			
Shy Strugglers (<i>N</i> =5)	Yes	No	No
Attender Strugglers (<i>N</i> =2)	Yes	No	Yes
Swimmers			
Attender Swimmers (<i>N</i> =8)	No	No	Yes
Non-attender Swimmers (<i>N</i> =7)	No	No	No
Surfers			
Struggling Surfers (<i>N</i> =4)	No	Yes	Mixed ²¹
Settled Surfers (<i>N</i> =4)	No	Has done so	Mixed ²²

Swimmers and strugglers were divided into those who had attended early years groups five or more times and those who had not. Surfers were sub-divided into those who had moved out of the study area to a richer area and those who had not yet done so.

Nomenclature for the clusters was deliberately chosen to be as acceptable as possible to those described, unlike the term 'vulnerable' (see Chapter 4); several strugglers referred to themselves as "struggling".

10.13 Sketch of the six multi-factor parent clusters

Strugglers' chief characteristic was that they were very shy of groups. These seven parents were 'group-fearful' at the time of the second interview, or had been when the study child was born but after considerable encouragement had attended groups and conquered the fear. This characteristic was identified through parents' qualitative comments about going to groups. All strugglers had tried at least one group but had been put off through other members' perceived cliquishness, bitchiness or 'dirty looks', and knowing no-one else there, usually coupled with their own lack of confidence. In addition, all had said they were frightened to go out alone or meet people in 2000 or

²¹ All four study children of struggler surfers had attended groups more than five times, but one was taken by her grandmother as her mother was an 'avoider'. She worked full-time but had not liked groups when she had attended.

2003/4. 'Group-fearfulness' was a necessary but not sufficient criterion for being a struggler; in one case enough key protective factors re-situated a parent as a swimmer.

Strugglers were divided into two types – five who had not overcome their 'group-fearfulness' and were non-attenders (shy strugglers), and two who had and were regular attenders (attender strugglers). Strugglers had a variety of feelings about where they lived. Two had moved out of the study area to escape victimisation. Two wanted at some point to move to a less 'rough' area but with no urgency. Three were happy to stay in the area, including the two who attended groups regularly.

The distinguishing characteristic of the eight surfers was that they were determined to move to an area richer than the study area. Like a surfer riding the waves, they wanted to rise out of their local area. Two had achieved this and were settled and doing well in a wealthier neighbourhood; one was on the way, having moved to better accommodation in another poor neighbourhood and enrolled on a college course. A fourth, living on the edge of the study area, was already living in a more advantaged neighbourhood.

Four surfers had not yet moved out, and they and their children were still living in the study area and struggling, almost on a par with shy strugglers. They were like surfers who keep falling off their boards, and were termed struggling surfers. They were investing a considerable amount of energy into their aspiration, such as driving their children to schools outside the area, while feeling unhappy about the fact that they had not yet moved.

The remaining parents, who were content to stay in their neighbourhood and were not struggling, were the swimmers. Only two of these 15 parents wanted to move, in one case to a road nearby, in another to be near her mother. Eight had taken their child to groups regularly and were termed attender swimmers, seven had not and were called non-attender swimmers. There was a range of social confidence within the attender swimmers. Some had never had a moment's worry about joining a group; others had had to overcome initial shyness, for instance two had been put off pre-existing early years groups but enjoyed attending Sure Start ones.

²² One of the mothers was an 'avoider'. Although on a full-time training course in 2003/4, she had disliked groups when she had tried them.

Six of the seven non-attender swimmers were those termed avoiders in the peer-factor model, and the seventh was a mother categorised as 'group-fearful' in that model but who had key factors in common with swimmers (GCSEs, no experience of abuse, few family problems and warm support from a mother who lived nearby).

10.14 Comparison of multi-factor parent clusters on key variable scores

Between these clusters divided according to parents' fear of groups and socio-geographic aspiration, there was a significant difference for some key characteristics measured numerically, using the Kruskal-Wallis statistical test (Table 10.11). Although this is based on the median rankings of scores, the mean scores for each variable are shown to denote the scale of difference between the clusters.

Table 10.11 Mean score of multi-factor parent clusters on key continuous variables

Variable (2003/4 unless otherwise stated)	Parents' mean score				Kruskal-Wallis test ²³		
	Strugglers (N=7)	Swimmers (N=15)	Surfers (N=8)	All (N=30)	Chi-Square statistic (df)	Signifi- cance level (p) ²⁴	N
No. of child behaviour problems (SDQ score)	18.3	9.7	11.1	12.1	6.185 (2)	0.045	30
Parent Malaise 2000	9.6	4.6	3.9	5.6	8.608 (2)	0.014	30
Parent Malaise 2003/4	10.0	2.9	4.4	5.0	10.197 (2)	0.006	30
Parent's self-esteem (high score = low esteem)	11.4	5.0	5.3	6.6	13.666 (2)	0.001	30
CPQ family problem score	4.7	1.9	1.6	2.5	8.520 (2)	0.014	30
Equivalised household income score	£7,077	£11,495	£15,060	£11,564	7.947 (2)	0.019	29

Struggler parents had the highest Malaise scores, the lowest self-esteem, the most family problems, and their children had the most behaviour problems. Swimmers and surfers fared much better on all these variables at a roughly equal level. The only variable showing a clear gap between all three clusters was equivalised household income; surfers had more than twice the income of strugglers, with swimmers coming in between.

²³ The Kruskal-Wallis test compares the median rank of scores rather than the mean itself, as the distribution of scores was non-parametric.

²⁴ Variable and significance level printed in bold where p < 0.01.

Dividing each main cluster into two, some key differences emerged, though it is not possible to say whether these were significant because of the small numbers involved (Table 10.12). More variables are shown here, to illustrate the differences between the six clusters.

Table 10.12 Mean scores on key variables for six-cluster multi-factor model

Variable (2003/4 unless otherwise stated)	Average score of parents or children in cluster						
	Shy Strugglers (N=5)	Attender Strugglers (N=2)	Attender Swimmers (N=8)	Non- attender Swimmers (N=7)	Struggling Surfers (N=4)	Settled Surfers (N=4)	All (N=30)
Child behaviour problems	18.8	17.0	10.9	8.3	15.3	7.0	12.1
Parent Malaise 2000	8.0	13.5	4.3	5.0	6.0	1.8	5.6
Parent Malaise 2003/4	11.4	6.5	3.0	2.9	7.8	1.0	5.0
Parent's phys- ical health problems 2000	0.8	1.5	1.1	0.4	0.5	0.0	0.7
Parent's physi- cal health prob- lems 2003/4	2.8	0.5	0.8	1.3	0.8	0.5	1.2
Parent's self- esteem ²⁵	12.4	9.0	4.5	5.6	7.0	3.5	6.6
CPQ family problem score	5.2	3.5	2.8	0.9	2.8	0.5	2.5
Equivalised household income score	£7,814	£5,603	£12,205	£10,683	£14,388	£15,734	£11,564 ²⁶

Comparing shy and attender strugglers, while the average Malaise score for both clusters was high (6.5 or more in 2000 and 2003/4), the score for shy strugglers had increased by 2003/4, whereas that for attender strugglers had dropped to less than half. Similarly with physical health, whereas shy strugglers' health problems had more than tripled by 2003/4, attender strugglers' had dropped to a third over this period. This might indicate that attending groups had helped improved strugglers' mental and physical health. Alternatively, deteriorating health might have militated against starting to attend groups.

²⁵ High score = low self-esteem.
²⁶ Information was only available on this variable for 29 parents (N = 29).

Meanwhile shy strugglers were coping with far more CPQ family problems than any other cluster in 2003/4, and had poorer self-esteem. The two attender strugglers had experienced considerably more problems with the growth and development of their study child than any other cluster.

There were few differences between attender and non-attender swimmers, except that non-attenders were coping with fewer CPQ family problems.

Between struggling and settled surfers, however, there were some big differences. Settled surfers' children had less than half the behaviour problems compared to struggler surfers' children. Settled surfer parents were coping with far fewer CPQ family problems and had considerably better mental health than aspiring surfers in both 2000 and 2003/4.

This brief comparison of the six multi-factor clusters indicates that there can be substantial differences within each of the three main clusters. First of all, significant associations between the three main clusters and variables related to parenting will be explored. Then each main cluster will be profiled, along with its sub-divisions.

10.15 Comparison of multi-factor parent clusters on global parenting variables and child behaviour

Both global parenting variables were associated with the multi-factor parent clusters, though not significantly using the Chi-Square test (Table 10.13). Swimmers were doing best for both coping and feeling supported, closely followed by surfers, with strugglers lagging far behind.

Looking at the six-cluster model, the biggest difference was between the 11 struggling parents (shy strugglers, attender strugglers and struggling surfers) and others. None of the 11 struggling parents were coping well, compared to over half (53%) of other parents, and only two had enough support compared to two-thirds (68%) of others (Table 10.14). Only three of the struggling parents had study children with few (0-10) behaviour problems, compared to 68% of others.

Table 10.13 Global parenting variables for multi-factor clusters

Global parenting variables	Multi-factor parent clusters				Chi- Square test ²⁷	
	Strugglers	Swimmers	Surfers	All	Chi-Square statistic	Significance level (p)
	(N=7) N (%)	(N=15) N (%)	(N=8) N (%)	(N=30) N (%)	(df)	
Parent coping well	0 (0)	7 (47)	3 (38)	10 (33)	4.763 (2)	0.092
Parent has enough support	1 (14)	10 (67)	4 (50)	15 (50)	5.238 (2)	0.073

Table 10.14 Global parenting and child behaviour variables for six-cluster multi-factor model

Variable	Multi-factor parent clusters						
	Shy Strugglers (N=5)	Attender Strugglers (N=2)	Attender Swimmers (N=8)	Non-attender Swimmers (N=7)	Struggling Surfers (N=4)	Settled Surfers (N=4)	All (N=30)
	N	N	N	N	N	N	N
Parent coping well	0	0	4	3	0	3	10
Parent has enough support	1	0	5	5	1	3	15
Fewer (0-10) child behaviour problems	0	1	5	5	2	3	16

10.16 Associations between multi-factor parent clusters and variables

The multi-factor model showed more significant associations (using the Chi-Square test) with the wide range of variables explored than the peer-factor model, 41²⁸ in total ($p < 0.05$), 19 at a very significant level ($p < 0.01$) (Table 10.15). Demographic and neighbourhood factors played a far more important role than in the peer-factor model, reflecting the fact that one of the two criteria determining main cluster membership was whether parents keenly wanted to move or had moved to a more advantaged area.

²⁷ Accuracy of significance levels was compromised because the small sample size violated Chi-Square Test rules (Chapter 10.2).

²⁸ The association with Malaise in 2000 was measured at two levels – 0-4 good mental health, 0-7 no elevated risk of depression.

Table 10.15 Incidence of parenting variables among Multi-Factor Parent Clusters

Variable (2003/4 unless otherwise specified)	N ²⁹	Parent cluster				Chi-Square Test ³⁰		
		<i>Strugglers</i> N (%)	<i>Swimmers</i> N (%)	<i>Surfers</i> N (%)	<i>All</i> N (%)	<i>Test statistic</i>	df	Significance level (p)
<i>Demography</i>								
Study child's mother aged 25+ when first child born	30	0 (0)	2 (13)	4 (50)	6 (20)	6.667	2	0.036
Higher social class A-C2	30	1 (14)	5 (33)	7 (88)	13 (43)	9.371	2	0.009
Someone in household employed	30	1 (14)	10 (67)	7 (88)	18 (60)	8.894	2	0.012
Household not receiving Income Support	30	0 (0)	10 (67)	7 (88)	17 (57)	12.862	2	0.002
Highest quintile of equivalised household income	29	0 (0)	2 (13)	4 (50)	6 (20)	6.248	2	0.044
Not often worried about money	30	1 (14)	11 (73)	4 (50)	16 (53)	6.735	2	0.034
Quite easy to afford things for children	30	1 (14)	10 (67)	6 (75)	17 (57)	6.826	2	0.033
Owner-occupier	30	0 (0)	2 (13)	5 (63)	7 (23)	9.829	2	0.007
Household has car	28	3 (43)	8 (62)	8 (100)	19 (68)	6.033	2	0.049
Household has internet	30	1 (14)	3 (20)	7 (88)	11 (37)	12.206	2	0.002

²⁹ Total number of parents for whom information on this variable was available.

³⁰ These values are approximate as the sample was not large enough to allow the expected value in each cell to be five or more, as required for the Chi-Square test. P values < 0.01 were printed in **bold**.

Variable (2003/4 unless otherwise specified)	N	Parent cluster				Chi-Square Test		
		<i>Strugglers</i> N (%)	<i>Swimmers</i> N (%)	<i>Surfers</i> N (%)	<i>All</i> N (%)	<i>Test statistic</i>	df	Significance level (p)
<i>Neighbourhood</i>								
Wants to move area	30	3 (43)	2 (13)	5 (63)	10 (33)	6.048	2	0.049
Less than 11 years in same neighbourhood	30	3 (43)	4 (27)	7 (88)	14 (47)	7.811	2	0.020
<i>Education (parent)</i>								
GCSE	29	0 (0)	12 (86)	8 (100)	20 (69)	20.990	2	<0.001
Post-16 qualification	30	0 (0)	6 (40)	5 (63)	11 (37)	6.423	2	0.040
Did not leave school early	30	3 (43)	13 (87)	8 (100)	24 (80)	8.452	2	0.015
Education was not interrupted – pre- or post-16	30	2 (29)	11 (73)	7 (88)	20 (67)	6.434	2	0.040
<i>Support system</i>								
Positive to informal support	28	1 (14)	9 (69)	2 (25)	12 (43)	7.067	2	0.029
No regular arguments/abuse from current partner	30	3 (43)	12 (80)	8 (100)	23 (77)	7.001	2	0.030
Visited doctor less often (<11 times) re. study child	29	5 (83)	8 (53)	8 (100)	21 (72)	6.139	2	0.046
Never used counsellor	25	1 (20)	11 (85)	5 (71)	17 (67)	6.981	2	0.030
Study child did not go to council nursery before 3	30	2 (29)	12 (80)	6 (75)	20 (67)	6.021	2	0.049

Variable (2003/4 unless otherwise specified)	N	Parent cluster				Chi-Square Test		
		<i>Strugglers</i> N (%)	<i>Swimmers</i> N (%)	<i>Surfers</i> N (%)	<i>All</i> N (%)	<i>Test statistic</i>	df	Significance level (p)
<i>Parental health/psychology</i>								
Well or mostly well	30	3 (43)	14 (93)	8 (100)	25 (83)	10.937	2	0.004
Not high Malaise score (0-7)	30	2 (29)	15 (100)	7 (88)	24 (80)	15.603	2	0.001
Not frightened to go out alone or meet people	30	2 (29)	14 (93)	7 (88)	23 (77)	11.906	2	0.003
Not often lonely	29	2 (29)	15 (100)	7 (88)	24 (79)	14.962	2	0.001
High self-esteem (score 3-5)	30	0 (0)	11 (73)	6 (75)	17 (57)	11.946	2	0.003
High home order	30	0 (0)	8 (53)	6 (75)	14 (47)	8.973	2	0.011
<i>Family problems</i>								
No verbal/physical/sexual abuse of parent – as child or adult	30	0 (0)	12 (80)	6 (75)	18 (60)	13.750	2	0.001
Fewer (<3) CPQ family problems	30	0 (0)	11 (73)	6 (75)	17 (57)	11.946	2	0.003
Fewer (0-4) major family problems (CPQ/other)	30	1 (14)	12 (80)	6 (75)	19 (63)	9.515	2	0.009

Variable (2003/4 unless otherwise specified)	N	Parent cluster				Chi-Square Test		
		<i>Strugglers</i> N (%)	<i>Swimmers</i> N (%)	<i>Surfers</i> N (%)	<i>All</i> N (%)	<i>Test statistic</i>	df	Significance level (p)
<i>Parental task burden</i>								
No health problems in household	30	0 (0)	8 (53)	4 (50)	12 (40)	6.111	2	0.047
Parent employed	30	0 (0)	6 (40)	7 (88)	13 (43)	11.776	2	0.003
Parent had had less than 6 children	30	3 (43)	14 (93)	8 (100)	25 (83)	10.937	2	0.004
<i>Parent-child relationship</i>								
Study child often obedient	30	3 (43)	11 (73)	8 (100)	22 (73)	6.234	2	0.044
<i>Study child's 1st year – 2000</i>								
Not high Malaise score (0-7)	30	1 (14)	12 (80)	7 (88)	20 (67)	11.405	2	0.003
Good mental health (0-4 Malaise)	30	1 (14)	9 (60)	6 (75)	16 (53)	6.065	2	0.048
Not afraid to go out alone or meet people	30	3 (43)	14 (93)	8 (100)	25 (83)	10.937	2	0.004
<i>Journey Variables 2000-3/4</i>								
No high Malaise score (8+) at either time	29	2 (29)	15 (100)	7 (88)	24 (80)	15.603	2	<0.001
No support gap at either time	29	0 (0)	8 (57)	3 (38)	11 (38)	6.473	2	0.039
No Income Support either time	30	0 (0)	6 (40)	6 (75)	12 (40)	8.750	2	0.013
No extra care burden during child's lifetime	30	2 (29)	13 (87)	5 (63)	20 (67)	7.334	2	0.026
Not afraid to go out alone/meet people either time	30	0 (0)	14 (93)	7 (88)	21 (70)	21.389	2	<0.001

10.17 Profiles of multi-factor parent clusters

The six different parent clusters will now be described. Owing to the small number of parents in each, statistical testing was not possible and little can be inferred more generally about the distribution of such clusters in the general population of disadvantaged areas.

In the following account, the struggler cluster is first characterised in detail, as are its two sub-divisions. This is the cluster which suffers many disadvantages, has many needs and which many organisations target in order to provide help. Swimmers and surfers are then considered more briefly.

10.17.1 Strugglers

All strugglers had felt afraid of attending early years groups, though two had overcome this, after considerable encouragement. These seven 'struggler' parents were struggling against considerable adversity, past and present, educational, material and emotional. They were a homogeneous grouping, all or all but one sharing 33 characteristics, on 20 of which strugglers differed significantly from other clusters (using Fisher's Exact test $p < 0.05$) (Table 10.16).

Unqualified, they were not employed and all were reliant on Income Support. Beset by family problems, their personal resources were weakened by abuse, having low self-esteem and poor mental and physical health. Lacking warm support from partner and key supporters, the only two who received it from their mother rarely saw her face-to-face because she lived abroad. Four of the seven were lone parents; only one of those with a resident partner was warmly supported by him. In addition four strugglers had had at least six children of their own, a considerable strain on their resources.

Strugglers felt less positive towards support generally and towards receiving informal support, which may have been associated with their higher use of such help, as also found in the national *Parenting in Poor Environments study* (Ghate & Hazel 2002).

Table 10.16 *Characteristics of Strugglers*

Variable Type	Characteristic of all or all but one Strugglers	Fisher's Exact test		
		Significance level (p) ³¹	df	N ³²
Global Parenting	Not coping well	0.064	1	30
	Needed more support	0.080	1	30
Demography	Receiving Income Support	0.001	1	30
	No-one in household employed	0.009	1	30
	Household income <£300 a week	>0.10	1	29
	Often worried about money	0.031	1	30
	Not easily able to afford things for children	0.025	1	30
	Social class E	0.009	1	30
	Social tenant	>0.10	1	30
Education	No GCSE	<0.001	1	29
Support system	Less positive attitude to all support	>0.10	1	28
	Less positive attitude to informal support	>0.10	1	28
	Did not see warmly-supportive mother at least once a week	>0.10	1	29
	No very supportive resident partner	>0.10	1	30
	Low valence from three key supporters (i.e. did not see often & receive warm support)	>0.10	1	30
	Used PPE help more (6+ times) in last 4 weeks	>0.10	1	24
	Ever seen a counsellor	0.023	1	25
Parental health and psychology	Not fit and well	0.064	1	30
	1+ physical health problems in last 3 months	>0.10	1	30
	Higher Malaise score (5+)	0.031	1	30
	Low self-esteem	<0.001	1	30
	Low home order	0.007	1	30
Family problems	Experienced abuse as a child and/or adult	<0.001	1	30
	3 or more CPQ problems	0.001	1	30
	6 or more all family problems (CPQ and other major problems)	0.004	1	30
Parental task burden	At least 1 household member has health problem	0.024	1	30
	Parent not employed	0.010	1	30
	Study child had SDQ behaviour problem score of 11+	0.031	1	30
Parent-child relationship	Study child not very obedient	>0.10	1	30
Study child's 1st year (2000)	High Malaise score (8 or more)	0.002	1	30
	No very supportive residential partner	>0.10	1	30
2000-2003/4 Journey	At least one support gap	0.026	1	29
	Received Income Support at one or both times	0.024	1	30
	Frightened to go out alone/meet people at either time	<0.001	1	30

³¹ Significance level (and variable name) is printed in bold where $p < 0.05$.³² Total number of parents for whom information on this variable was available.

Strugglers had had more contact with statutory services. Five (71%) had seen their health visitor 11 or more times about the study child, had used a council day nursery for the study child, and seen a social worker at some point in their lives compared, respectively, with 32%, 35% and 22% of other parents, but these associations did not reach significance ($p < 0.05$). Significantly more strugglers (80%) had seen a counsellor compared to 20% of other parents.

Characterised by their initial shyness of going to groups, strugglers fared poorly on many measures. They did not feel well-supported, were not coping well, and their children had many behaviour problems; four of the seven had Borderline or Abnormal behaviour. In many ways, life was a struggle for this cluster, and several used this word about themselves.

10.17.2 Shy strugglers

Not having overcome their fear of groups, shy strugglers were, to a greater extent than attender strugglers, overwhelmed by adversity.

Not only were all afraid of going out alone or meeting people, they all often felt lonely. Their mental health had deteriorated during the study child's lifetime, with their Malaise score rising from an average of 8.0 to 11.4. All but one were often unwell and all had carried an extra care burden during the study child's lifetime, when their own health or looking after someone else who was ill or disabled, restricted their time and activities with the study child. All had had contact with a social worker at some point in their lives.

10.17.3 Attender strugglers

Only two parents who were 'group-fearful' in the study child's first year of life, had taken their child to groups. One, who had attended a family centre group for 10 years, also became a regular attender at a Sure Start group by 2003/4, attending both only after much encouragement from her health visitor and accompanied by a relative. The other mother, who had been put off groups after two one-off visits to pre-existing ones, started to attend a Sure Start group after warm encouragement from friends, and went on to use several Sure Start services, including a counsellor. It is interesting to note that both parents had been encouraged to join and been warmly supported at Sure Start groups, and one had previously attended a family centre group; without these professionally-

supported groups, they may have remained non-attenders. Both parents were very positive towards professionals.

These two parents had admitted to feeling very unhappy on first realising they were pregnant with the study child³³ and reported a high number (four each) of growth and development problems for the child. They had the highest Malaise scores of the sample in 2000 (12 and 15) but after regularly attending groups, their scores had dropped to 10 and 3 by 2003/4, whereas mental health deteriorated for shy strugglers who did not attend groups.

10.17.4 Swimmers and surfers

Swimmers and surfers had more resources than strugglers, and fewer problems. In fact, whilst there were significant differences between the three clusters for 41 variables tested, when swimmers and surfers were amalgamated into one category and contrasted with strugglers there were still significant differences ($p < 0.05$) for 32 variables³⁴, using Fisher's Exact test (Table 10.17). Sixteen were at a very significant level ($p < 0.01$); half of these concerned parent's health and psychology, and family problems.

Overall, swimmers and surfers had better overall and mental health and higher self-esteem than strugglers. They were less worried about money problems, three-quarters were living in households where someone was employed and they were consequently less likely to be receiving income support. Troubled by fewer family problems, over three-quarters had no experience of abuse. Almost all had at least GCSEs and nearly half (48%) also had post-16 qualifications. Their support needs were lower; they used fewer types of support in 2000 and were less likely to have wanted more then and in 2003/4. Fewer had seen a counsellor or sent their child to a council day nursery. Their tasks were lighter than strugglers', inasmuch as there were fewer long-term health problems in the household and they had not had to shoulder an extra care burden during the study child's lifetime. Perhaps because of their qualifications or lack of extra care burden, they were more likely to be employed.

³³ This feeling was shared with only one other parent in the whole sample.

³⁴ Including two Malaise measures in both 2003/4 and 2000.

Table 10.17 Characteristics of Swimmers and Surfers compared to Strugglers

Variable Type	Characteristic of Swimmer and Surfer parents	Fisher's Exact Test		
		Significance level ³⁵ (p)	df	N
Demography	Not receiving Income Support	0.001	1	30
	Someone in household employed	0.009	1	30
	Not often worried about money	0.031	1	30
	Easily able to afford things for children	0.025	1	30
	Not social class E	0.009	1	30
Education	GCSE qualification	<0.001	1	29
	Post-16 qualification	0.029	1	30
	Education not interrupted	0.026	1	30
Support system	No CPQ problems with partner (rows/abuse)	0.033	1	30
	Never used counsellor	0.023	1	25
	Child did not attend pre-3 council nursery	0.026	1	30
Parental health and psychology	Well or mostly well	0.006	1	30
	Not high Malaise score (0-7)	0.001	1	30
	Good mental health – Malaise 0-4	0.031	1	30
	Not afraid to go out alone or meet people	0.003	1	30
	Not often lonely	0.001	1	29
	High self-esteem (score 3-5)	0.001	1	30
	High home order	0.007	1	30
Family problems	Not experienced abuse as child or adult	<0.001	1	30
	Few (0-2) CPQ problems	0.001	1	30
	Few (0-4) all family problems (CPQ and other major problems in last year)	0.004	1	30
Parental task burden	No household member has health problem	0.024	1	30
	No extra care burden – due to parent's health or other care duty restricting childcare	0.033	1	30
	Parent employed	0.010	1	30
	Study child had fewer SDQ behaviour problems (0-10)	0.031	1	30
Study child's 1st year (2000)	Not high Malaise score (0-7)	0.002	1	30
	Good mental health (Malaise score 0-4)	0.031	1	30
	Not afraid to go out alone or meet people	0.006	1	30
	Fewer types of ASSIS help used in last 3 months	0.029	1	30
2000-2003/4 Journey	No support gap	0.026	1	29
	Did not receive Income Support either time	0.024	1	30
	No high Malaise score at either time	0.031	1	30
	No extra care burden during study child's lifetime	0.026	1	30
	Not afraid to go out alone or meet people in 2000 or 2003/4	<0.001	1	30

³⁵ Variable and significance level are printed in **bold** where $p < 0.05$.

10.17.5 Swimmers

In general, the 15 swimmers occupied the middle ground between strugglers and surfers. However, in some ways they were the most advantaged; four variables significantly distinguished them from strugglers and surfers, using Fisher's Exact test $p < 0.05$ (Table 10.18). No swimmers had a high Malaise or often felt lonely and all were satisfied with childcare. All but one or two swimmers lived in social housing, had GCSEs³⁶ and were happy to stay in their neighbourhood. Compared to strugglers and surfers, swimmers were more positive towards informal support (69% were, compared to 20% of other parents), particularly attender swimmers. They were also less often worried about money, though this did not quite reach significance (Fisher's Exact test: $p = 0.066$, $df = 1$, $N = 30$).

Table 10.18 *Distinctive characteristics of Swimmers*

Variable Type	Characteristic of Swimmer Parents	Fisher's Exact test		
		Significance level (p) ³⁷	df	N
Neighbourhood	Did not want to move out of neighbourhood	0.050	1	30
Support system	More positive attitude to informal support	0.020	1	28
Parental health and psychology	Not high Malaise score (0-7)	0.017	1	30
	Medium-high self-esteem	0.014	1	30

As a cluster, swimmers were psychologically healthy, not burdened with a large number of problems and seemed more content than strugglers or surfers.

10.17.6 Key differences between attender swimmers and non-attender swimmers

In some ways, the two types of swimmer were very different. Two differences related to their willingness to attend groups; no non-attender swimmers had been to antenatal class or attended courses since the study child was born compared, respectively, to 71% and 50% of attender swimmers. Attender swimmers were coping with more problems than non-attender swimmers; half had three or more CPQ family problems and half reported two or more problems with their study child's growth or development, compared to none in each case for non-attender swimmers. This last was also the case for 'high attenders'

³⁶ The two without had gained sub-GCSE qualifications while pregnant or when their first child was born, via a group supporting teenage mothers. One left school at 14 to have her first baby and the other had never found out the results of her GCSEs because of family problems, which caused her to leave home.
³⁷ Variable and significance level are printed in bold where $p < 0.05$.

generally (Chapter 7) and suggests such parents might have sought support from others in groups because of problems with the study child.

10.17.7 Surfers

The eight surfers valued highly living in an area they did not regard as ‘rough’. Four had fully or partly achieved this and four keenly wanted to move.

Surfers were the most highly-educated, highest-income and highest-class of the three clusters, and had the highest employment rate. All had GCSEs and three-quarters had or were studying for a post-16 qualification. All but one was working and in social class A-C2 (compared in both cases to 27% of other parents), and in the higher half of equivalised household income (compared to 38% of others). These differences were significant (Table 10.19).

Table 10.19 *Distinctive characteristics of Surfers*

Variable Type	Characteristic of Surfer Parents	Fisher’s Exact test		
		Significance level (p) ³⁸	df	N
Demography	Study child’s mother over 25 when having her first child	0.029	1	30
	Higher equivalised household income (£9,091 p.a. or more)	0.035	1	29
	Social class A-C2	0.009	1	30
	Owner-occupied house	0.007	1	30
	Parent employed	0.009	1	30
Parent-child relationship	Study child ‘very obedient’	0.029	1	30

Nearly two-thirds (63%) lived in owner-occupied houses, compared to 9% of swimmers and strugglers. They had started on their motherhood career later; compared to 9% of swimmers and strugglers, half of surfers were over the age of 25 when they had their first child, a characteristic of middle-class parents (Perrier 2009).

Like swimmers, they were psychologically robust (Table 10.17). Only one, a struggler surfer, was shy, often lonely, had a high Malaise score (eight or more), an extra care burden and ambivalent relationship with her mother.

³⁸ Variable and significance level are printed in bold where p<0.05.

Two support factors distinguished surfers, but not significantly. They were around twice as likely to have a very supportive resident partner (63% did compared to 32% of swimmers and strugglers) and high warmth from their three key supporters (75% did compared to 36% of swimmers and strugglers).

10.17.8 Struggling and settled surfers

Compared to their four settled colleagues, the four aspiring surfers who were still living in the study area, were struggling. None was coping well, whereas three of the four settled surfers were. Struggling surfers had poorer mental health in both 2000 and 2003/4, with Malaise scores averaging 6.0 and 7.8 respectively, compared to 1.8 and 1.0 for settled surfers (Table 10.13). They experienced more CPQ family problems (averaging 2.8 compared to 0.5 for settled surfers), and their expanded family problem score was considerably higher, averaging 5.0, compared to 1.3 for settled surfers. Their study children had twice the behaviour problems (15.3 average) as settled surfers' children (7.0 average).

Whether settled surfers' better mental health and fewer problems enabled their move or resulted from it is a moot point. A longitudinal study would be needed to show whether struggling surfers fare better if and when they move to a more advantaged area, or whether their difficulties either obstruct such a move or continue afterwards.

10.17.9 Struggling parents - Similarities of struggling surfers to shy strugglers and attender strugglers

The four struggler surfers in many ways resembled the seven shy and attender strugglers. When all 11 of these strugglers were considered together, they were associated at a significant level ($p < 0.05$) with 33 characteristics³⁹ using Fisher's Exact test, including 13 at a very significant level ($p < 0.01$), identifying these three clusters as high-need (Table 10.20).

³⁹ Counting the two alternative mental health measures (Malaise score 5+ and 8+) as one.

Table 10.20 Characteristics of Struggling Parents – Shy Strugglers, Attender Strugglers and Struggler Surfers

<i>Variable Type</i>	<i>Characteristic of Shy Strugglers, Attender Strugglers & Struggler Surfers</i>	<i>Fisher's Exact test</i>		
		Significance level ⁴⁰ (p)	df	N
Global parenting	Not coping well	0.004	2	30
	Want more help	0.021	2	30
Demography	Difficult to afford items for children	0.023	2	30
Education	No GCSE	0.010	2	29
Neighbourhood	Want to move from neighbourhood	0.015	2	30
Support system	Low positivity to all support	0.041	2	26
	Low positivity to informal support	0.006	2	28
	Used more types of PPE help in last 4 weeks	0.027	2	29
	Used PPE help more often in last 4 weeks	0.005	2	24
	Ever seen counsellor	0.010	2	25
Parental health and psychology	Not fit and well	0.049	2	30
	High Malaise score (8+)	0.001	2	30
	Not good mental health (Malaise score 5+)	0.007	2	30
	Afraid to go out alone or meet people	0.004	2	30
	Often lonely	0.001	2	29
	Low self-esteem (score 9-15)	<0.001	2	30
	Low home order	0.026	2	30
Family problems	3+ CPQ family problems	0.002	2	30
	6+ all family problems	0.004	2	30
	Any abuse of parent, past or present	0.001	2	30
Parental Task Burden	Study child very healthy	0.026	2	30
	Study child had Borderline/Abnormal behaviour	0.028	2	30
	Five or more children/young people in household	0.047	2	30
Study child's first year of life (2000)	Wanted more support	0.048	2	29
	One or more informal sources of conflict	0.049	2	30
	High no. (6) types of informal (ASSIS) help used	0.042	2	30
	High Malaise score (8+)	0.015	2	30
	Afraid to go out alone or meet people	0.047	2	30
2000-2003/4 Journey	At least one support gap	0.001	2	29
	Mental health same or worsened (Malaise score same or raised)	0.009	2	30
	Study child's health same or improved	0.018	2	30
	Area declined for under-4s or poor at both times	0.019	2	29
	Afraid to go out alone/meet people at either time	<0.001	2	30
	Extra care burden during study child's lifetime	0.015	2	30

⁴⁰ Variable and significance level are printed in **bold** where $p < 0.01$.

Despite there being wide differences in the level of education and income of these parents, none of the 11 struggling parents was coping well and all but two wanted more support, despite having used more types of help in the previous four weeks than other parents. All had fairly high Malaise scores (averaging at least 6 in 2000 and at least 7 in 2003/4); for struggler surfers and shy strugglers it had increased over this period. All but three had low self-esteem. All but two were dealing with a high number of CPQ family problems and had suffered from abuse at some point in their lives. Some high need was apparent in the study child's first year of life, with struggling parents wanting more support than they received, using more informal help, and having a high Malaise score. For all but one (91%) struggling parent, at least one informal relationship was a source of conflict in 2000, which was only the case for 53% of other parents.

Struggling parents' study children had a high number of behaviour problems, averaging an SDQ score of 17.2, above the threshold (17) for Abnormal. However they were physically healthier than other children, and their health had stayed the same or improved since 2000.

10.18 Multi-factor clusters - Conclusion

Of all six clusters, settled surfers seemed to be the most advantaged, materially, educationally and psychologically, and were troubled with the fewest problems. They scored the best of any parent cluster on parent and child wellbeing. However, non-attender swimmers were close behind, particularly as far as feeling well-supported and reporting few behaviour problems in their study children.

Shy strugglers endured the most disadvantages and had the poorest wellbeing of all, but were closely followed by attender strugglers and struggler surfers. When these three groups of struggling parents were considered together, a large number of significant associations with indicators of high need were found. As these parents were identified on just two criteria (fear of attending groups and a keen but so far unfulfilled desire to move to a less 'rough' neighbourhood), this could be a useful way for agencies to identify parents in high need who want more help. These were two of the three criteria used to distinguish between the six multi-factor clusters.

It has been hypothesised that another cluster of strugglers – hidden strugglers - may have existed who could not be traced or were not willing to be interviewed a second time, or who had avoided the first interview by not answering the door.

10.19 Comparison of parent clusters with types of parent service user identified by other research

It is interesting to compare these parent clusters with those identified by other researchers regarding semi-formal service use (Table 10.21). Gibbons (1990) identified ‘members’, ‘consumers’ and ‘clients’ and the NESS team (Garbers and others 2006, Tunstill and others 2005) identified ‘autonomous’, ‘facilitated’ and ‘conditional’ service users.

Both Gibbons and the NESS team identified a group of parents happy to use centre-based services independently, and a group who would only use such services after receiving initial help such as a befriender accompanying them to the centre. In the peer factor model put forward in this study, both these groups were classified as attenders, but in the more sophisticated multi-factor model, the struggler attenders equate with Gibbons’ ‘clients’ and NESS’ ‘facilitated users’ while the other three types of attender – Swimmer Attenders, Settled Surfers and Struggler Surfers – equate with Gibbons ‘consumers’ and NESS’ ‘autonomous users’.

One Sure Start evaluation questioned whether NESS’ ‘facilitated’ and ‘conditional’ user groupings were discrete. Looking at parents dynamically, Featherstone and others (2007) found that their needs altered over time, and they could change from one grouping to another, requiring more or less support to use services. This finding was echoed in this study. Some parents who had been ‘group-fearful’ in 2000 had been supported into joining groups by 2003/4, moving from ‘shy struggler’ to ‘attender struggler’ or, using NESS’ categories from ‘conditional’ to ‘facilitated’ user. Conversely, some parents had changed over the years as their circumstances deteriorated, from ‘swimmer attenders’ to ‘shy strugglers’; in NESS’ parlance, from ‘autonomous’ users to non-users.

Table 10.21 *Types of parents identified by different studies in terms of semi-formal service use*

Parents' use of semi-formal services	Types of parents identified by different studies			
	This study		Gibbons (1990)	NESS (2005, 2006)
	Peer-factor model	Multi-factor model		
<i>Centre-based Users</i>				
Used services independently and helped run them	Attendees	Swimmer Attendees,	Members	
Used services independently	Attendees	Settled Surfers, Struggler Surfers	Consumers	Autonomous Users
Used services with help, at least initially	Attendees	Attender strugglers	Clients	Facilitated Users
<i>Home-based Users</i>				
Could only use services on own terms eg home visits only	'Group-fearful' (some)	Shy Strugglers (some)		Conditional Users
<i>Non-Users</i>				
Too fearful to use services	'Group-fearful' (some)	Shy Strugglers (some) [Hidden Strugglers]		
Did not wish to use services	Avoiders	Non-Attender Swimmers [Hidden Strugglers]		

Both the Gibbons and NESS studies were classifying service users from the point of view of the agency providing the services, in terms of how much help parents needed to use them. However this study adopted parents' viewpoint and was in the fortunate position of being able to draw on a community sample which included non-users. The way in which the peer factor model distinguished between different types of non-user and the multi-factor model in addition identified different types of user, has enabled a more comprehensive picture to be drawn of parents' service use. In addition, this study has pointed to the probable existence of a group of 'hidden strugglers' who avoided interview and possibly groups for the same reason – they were hostile to outsiders in any sort of official position because of domestic abuse, drink or drug abuse, as they felt this might put them or their family at risk. In their study of Sure Start, Anning and Ball described such parents:

"Parents with problems related to drug or alcohol abuse, mental health, domestic violence or criminality – the very ones whose children were most at risk – were reluctant to be drawn into 'systems'. They were frightened about being on anyone's list. They distrusted professionals, even SSLP (Sure Start Local Project) ones." (Anning and Ball 2007: 108)

10.20 Conclusion

The two-way division of parents into high and low group attenders was found to be of limited use (Chapter 8), except to show that better-off, healthier parents, happy to live in their neighbourhood, were more likely to attend groups regularly. The three-way peer-factor model described in this chapter, which divided non-attenders into 'group-fearful' parents and avoiders, was a great deal more useful. These clusters could be characterised in much greater detail, with 'group-fearful' and avoiders proving to be at opposite ends of the advantage and wellbeing scale, and attenders in between.

Taking the analysis a step further, the multi-factor model also took into account the keen aspiration of some parents to move to a more advantaged neighbourhood than the study area. This allowed the identification of swimmers, strugglers and surfers, and their subdivisions. Different types of attender were distinguished, and three types of struggling parents identified, who were coping with more disadvantage and had poorer wellbeing, and their children exhibiting a great many more behaviour problems. Group attendance appeared to have helped two strugglers who had previously been 'group-fearful' to improve their mental health.

In this process of bringing together the qualitative and quantitative findings, more was discovered about parents and their behaviour as far as group attendance was concerned, than from either set of findings alone. One caution must be sounded, though. As Chapter 7 noted, parents' reports of how often they had attended groups were not always reliable. Three of the shy strugglers who said they had not been to Sure Start groups were recorded on the project's database as having attended between nine and 15 times. Although this calls into question whether some of these 'group-fearful' parents were in fact low-attenders rather than non-attenders, all 'group-fearful' parents and shy strugglers had said in 2003/4, in answer to a Malaise question, that they were afraid to go out alone or meet people. Certainly, all had had unpleasant experiences of groups and strong fears which stopped them attending again. As the analysis in this chapter has shown, the

answer to this one question identified a cluster of parents with high needs, few resources and many problems. In combination with another question about whether parents who keenly wanted to move to a more advantaged area had done so, the highest-need parents in the sample were identified.

Finally, the findings on parent clusters overlap to a certain extent with the NESS findings on types of parents using early years services. The unique feature of this study has been to distinguish between two different types of non-user families, one type (avoiders or non-attender swimmers) having high wellbeing and one ('group-fearful' parents or shy strugglers) having low wellbeing. In addition a group of high-need attenders, whose study children showed considerable behaviour problems, has been identified, struggler surfers.

The identification of 'group-fearful' parents is of particular importance for those organisations wishing to help young families through the medium of groupwork. For some high-need parents, attending a group may not be psychologically possible. Understanding more about such parents should enable more effective intervention, whether through one-to-one support, carefully-prepared groupwork or other methods.

Chapter 11

Key Findings, Conclusions and Learning Points

11.1 Introduction

This study has explored parents' attitudes to and experience of early years groups, and what factors these are associated with. The research was carried out with 30 parents of a cohort of children born in 1999/2000 in a disadvantaged urban area where a Sure Start project was set up. This project provided many early years groups in addition to those already established, and in addition groups in new neighbourhoods that seven parents have moved out to by the time of the interviews (2003/4) were considered.

The aims of the study were to find out:

1. Which factors were related to parents' use or non-use of Sure Start and other early years groups.
2. If disadvantaged parents used early years groups less than more advantaged parents.

The associated research questions were:

1. What are the social, economic and other characteristics of families, including parents' sense of wellbeing, which affect how much they use early years groups?
2. What are parents' perceptions and experiences of early years groups?
3. What are the main enablers and barriers to the use of early years groups?
4. How does the use of Sure Start groups compare with the use of other early years groups?

First, the design and methods of the study are reviewed, then use of early years groups in the study area is summarised, following which the research questions are answered. Two

themes which surfaced time and again during the study are then considered - the importance of the group's social class and parents' wariness of entering a group of strangers. Both are peer factors, relating to parents' actual, perceived or imagined relationships with others in the group, and this theme emerged as the main determinant of group attendance. The importance of social class was also manifested in some parents' keen drive to avoid not only 'rough' groups, but also 'rough' parents, children and schools, and to move away from a 'rough' area. Both issues have already been considered in some detail (Chapter 8) but the crucial importance of the fear of joining a group warranted further consideration. For some less confident parents who contemplated attending a group composed mainly or wholly of strangers, one bad experience could convert this natural wariness into severe fear of the social pain of being psychologically excluded, a condition I have termed 'group-fearfulness'. This is viewed in the context of literature concerning psychological safety, social phobia and 'rejection sensitivity'.

The chapter ends with the implications of these findings for organisations and individuals running early years groups.

KEY FINDINGS AND REFLECTIONS ON DESIGN AND METHODS

11.2 Reflections on research design and methods

Based on a 'subtle realism' epistemology (Hammersley 1992), this study adopted a mixed methods approach from a pragmatic viewpoint (Adamson 2005) in order to obtain a more complete picture than any single method (Brewer and Hunter 2006), and is particularly appropriate to applied research (Baum 1995). It was carried out from the standpoint of parents. A concurrent mixed methods interview was carried out in 2003/4; although primarily quantitative, this included an embedded qualitative section. Although initially aimed at complementarity, with different methods aimed at answering different research questions, it was found useful and necessary to integrate both types of data in order to provide a more satisfactory analysis. In addition, some secondary analysis of historical quantitative data from interviews with the same parents in 2000 was carried out, along with analysis of Sure Start records of the study children's group use in 2000-2003/4. The study posed many challenges methodologically (Chapter 4).

11.2.1 Use of mixed methods

The choice to conduct a mixed methods study involved considerably more time and effort than to carry out a purely quantitative or qualitative study. Although each method was originally envisaged to address different research questions, it proved necessary to consolidate both types of data in order to satisfactorily answer two of the research questions. Firstly, the relative strength of different barriers and enablers to group use was assessed by quantifying how often parents reporting particular barriers or enablers had used groups. Secondly, although it had been expected that high and low group users would have been identified through statistical association with the 137 quantitative parenting variables, this proved unsatisfactory. Two themes from the qualitative analysis had to be imported, fear of attending groups and keenness to move to a more advantaged area, in order to satisfactorily differentiate between very different types of low and high group users. Only through consolidating both types of data about the same parents, could the peer-factor and multi-factor parent clusters be identified. In these ways data integration and analysis from the mixed methods study allowed otherwise unobtainable findings (O'Cathain and others 2007) to emerge, and to some extent 'salvaged' the quantitative data (Weinholz and others 1995).

In the course of this integrated analysis, unanticipated definitions surfaced (Cicourel 1964), such as 'group-fearful' parents and avoiders, two very different types of non-user. A 'trigger' question about whether parents wanted to move out of their house and area sparked off interesting reflections on their current neighbourhood and where they wanted to live (Adamson and others 2004). This helped identify 'rough' as a key concept and 'surfers' as a parent cluster, and was only possible because parents were allowed and encouraged to expand on their answers to the questionnaire beyond the tick-boxes in order to ease into the in-depth interviewing section. The technique employed for a concurrent mixed methods interview enabled this valuable additional concept to emerge.

11.2.2 Quantitising qualitative data

Qualitative data was quantitised in various ways to delineate the contours of the study group, to strengthen the rigour of the qualitative analysis and to allow integration with quantitative data. The frequency of individual themes was counted, in order to ascertain the proportion of all themes mentioned (Onwuegbuzie and Teddlie 2003). This highlighted the dominance of peer-factors in parents' decisions about whether to attend a

group. Counts were also made of the positive, negative and mixed elements of each qualitative theme, according to whether they encouraged or discouraged group use, or were associated first with one then the other. This allowed the most numerous positive themes (most common enablers) and negative themes (most common barriers) to be identified (Becker and others 1961, Teddlie and others 1989). These enablers and barriers were then correlated with quantitative variables (Becker and others 1961, Crone and Teddlie 1995, Silverman 1984), showing for instance which enablers were related to the groups parents attended most, and which barriers were particularly associated with nil and one-off attendance. Lastly, clusters of parents with similar group use patterns were identified on the basis of a small number of key criteria, drawn both from qualitative and quantitative data. This consolidation of the two types of data allowed a new taxonomy of parents to be developed (Becker and others 1961, Caracelli and Greene 1993).

Quantitising qualitative variables in these ways produced useful results. The frequency count of themes was particularly relevant because, if the study group were regarded as generally representative of the local population of parents of children of that age, then the incidence of qualitative themes could also be regarded as representative. For this reason, two units of analysis were considered: each group a parent considered attending, and each parent as an individual. Strength of barriers and enablers was based on the group as a unit of analysis, which avoided over-emphasis on some themes if a parent made repeated comments about the same group (Creswell and Plano Clark 2007). However, using the parent as a unit of analysis, the overlap of different peer factor barriers for individuals could be viewed, with interesting results.

No statistical tests were carried out on quantitised qualitative themes because such 'volunteered variables' violated normal statistical tests (Mason 1994). Although caution was necessary when tabulating quantitised qualitative data against quantitative data, particularly when the number of cases was small, the technique proved fruitful for the more frequent comments.

11.2.3 Triangulation

Two types of triangulation were carried out, one planned and one arising from the findings.

Two sources of data on parents' use of Sure Start groups in the study area were accessed – parents themselves and the Sure Start records. The data were divergent and neither source was regarded as reliable, which acts as a warning for future research on group use. A combined measure was regarded as the most accurate possible, though both sources were only available for Sure Start groups in this study.

When the qualitative data showed the importance of 'group-fearfulness' affecting a number of parents, the quantitative data were rechecked and one Malaise question ('Are you frightened of going out alone or of meeting people?') was found to partially address this issue. All but one parent answering 'Yes' to this question in 2003/4 revealed 'group-fearfulness' during the qualitative section of the interview¹. Therefore the qualitative and quantitative methods showed convergent findings regarding parents' social confidence. This leads to the possibility that the Malaise question could be used as a short cut to establish if parents are 'group-fearful', rather than lengthier in-depth questioning about group use; if the answer is 'Yes', such parents are likely to be multiply-disadvantaged and to want help. This Malaise question was the only one of the 136 parenting variables that was significantly associated with both global parenting variables and with children's behaviour. The nine parents 'answering 'Yes' either in 2000 or 2003/4 were significantly more likely to not be coping well, to need more support, to be poor, unqualified, have experienced abuse, have low self-esteem, poor mental health and to have study children with more behaviour problems (Table 11.1). So both from the quantitative and qualitative analysis, a parent's lack of social confidence emerged as a key factor, associated on the one hand with struggling to cope, needing more help and many disadvantages, and on the other hand with a fear of attending groups.

¹ Even though fear of meeting people does not necessarily equate with fear of going out alone, perhaps this question appears to address the common fear of going alone to a group where everyone is a stranger.

Table 11.1 Characteristics of 'shy' parents

Variable	Association with parents who were 'shy' in 2000 or 2003/4 (Fisher's Exact test)			
	No. of the 9 'shy' parents	df	p ²	Total N ³
Not coping well	9	1	0.013	30
Want more support	8	1	0.014	30
Receiving Income Support	8	1	0.002	30
Low self-esteem	8	1	<0.001	30
Child had 11+ SDQ behaviour problems	7	1	0.046	30
No GCSEs	7	1	0.001	29
Experienced abuse in lifetime	7	1	0.013	30
High Malaise (8+) in 2000 or 2003/4	7	1	0.002	30

Methodologically, it was interesting that the strong fear some parents had of attending groups was revealed as a reason for non-attendance during the in-depth questioning in the Stage 2 interview, but not during the structured interview of the Stage 1 survey. Yet in both interviews several parents admitted, in the Malaise questionnaire, to being afraid of going out alone or meeting people. It would appear that focus groups would also not be an appropriate method to discover fear of attending groups, since parents with these fears would be unlikely to attend a focus group, as Dopson and others (2003) found when exploring obstacles to Sure Start use.

11.2.4 Research Design - Use of a two-interview design of a prospective community sample of parents

The decision to interview parents who had been interviewed three to four years earlier as part of the Sure Start baseline study in 2000, gave rise to both advantages and disadvantages. A major advantage was that this was a readily-available sample of parents of similar-aged children in the study area who had already given permission to be re-interviewed. As a prospective community sample representing nearly a third of study area parents at that time, they could be expected to include high, low and non-users of

² Significance level (and variable name) printed in **bold** where $p < 0.01$.

³ Total for whom information on this variable was available.

early years groups. Their use of groups between 2000 and 2003/4 could be correlated with factors at both time-points and with 'journey' factors between these time points, allowing parents to be viewed in a more dynamic context than if the data were obtained at just one time-point.

However, parents of the chosen cohort proved costly to track down, both in time and effort. Most had moved and/or changed their phone number, and some had changed their surname. The attrition rate was high. Of the 73 parents who had in 2000 agreed to be re-interviewed, only 30 (36%) could be found who gave a second interview.

11.2.5 Representativeness of the sample

The Stage 1 (2000) sample consisted of 30% of the target population of parents of under-fours in the study area, chosen as a stratified household quota sample. To check their representativeness of parents living in similarly-disadvantaged areas in Britain, this sample was compared to the 1,754 parents interviewed for the national *Parenting in Poor Environments* survey (Ghate and Hazel 2002). For most of the 19 variables considered, the two samples were similar⁴.

Despite the high attrition rate, statistical tests showed that the Stage 2 sample was largely representative of the Stage 1 cohort, except for the latter being poorer, less confident about their parenting ability and possibly more mobile. They could have been parents that agencies might regard as 'hard-to-reach', whose views on groups would have been of particular interest. Some could have constituted what I term 'hidden strugglers', parents coping with problems such as domestic abuse or drug or alcohol dependence, and might have made them wary of contact with professionals (and also an interviewer) for fear of official intervention. To an extent, then, some of the most disadvantaged parents were missing from the Stage 2 interview, which impacted on the second aim of the study: 'To examine if disadvantaged parents use early years groups less than more advantaged parents.'

The first interview, of which respondents had no notice, seemed more successful at reaching some of these parents. Although finding a fresh sample of parents in 2003/4

⁴ Except the Stage 1 sample contained fewer parents who were employed, owner-occupiers or in social classes A-C2. More Stage 1 parents had moved house in the last five years but fewer parents and children had had a long-term health problem.

would probably have reached a broader range of parents, it would not have been practicable to conduct two-hour interviews without notice so there would still have been more drop-out than in the Stage 1 interviews (which took 43 minutes on average). Also the strength of some parents' determination to move to a more advantaged area would have been missed, because four years later, many would already have moved out.

One consequence of the time it took to track down the interviewees was that, on top of study children's ages ranging from one to 13 months at the Stage 1 interview, the nine months it took to find and interview the Stage 2 sample meant that there was an 18-month range in the age of study children by the time their cognitive score was assessed. As a result this measure had to be abandoned.

11.2.6 Sample size and statistical analysis

A second question arising from the high attrition rate of the Stage 1 sample, was whether the Stage 2 sample was large enough to allow statistical association of group use with parenting variables.

Undoubtedly, the small size of the sample (30 study children and their parents) did compromise the statistical analysis. Continuous variables rarely exhibited parametric distributions, weakening the strength and sensitivity of statistical tests that could be used, and resulting in the probability of more false negative findings than in a bigger study, though the positive findings should be robust. Adjustments were made wherever possible to compensate for the small sample size, such as using Fisher's Exact Test, in order to make the results as accurate as possible. This ensured that the results could be regarded as highly indicative although not definitely generalisable to the full cohort of children, and their parents, in the area. The only times when adjustments could not be made to accommodate the small sample size were when the three parent clusters were tested against the parenting variables using the Chi-Square test. However, checks (correlating five key variables in an ordinal or continuous form) indicated that the Chi-Square significance level was close to the Kruskal-Wallis test level, which was accurate.

The parent clusters were identified manually as it was not possible to use multi-factor statistical techniques on such a small sample. I drew up 'parent profiles' containing key variables. After a fortnight of immersion in these profiles, the peer-factor clusters and multi-factor clusters became apparent.

The other case when small numbers jeopardised the accuracy of results was when qualitative themes (barriers and attractions to group attendance) were quantified and linked with the number of attendances. Where theme numbers were small, the results were not regarded as reliable, and this was pointed out. However, where numbers were sufficient, findings were useful.

11.3 Background - Parents' use of early years groups - 2000 and 2003/4

Before Sure Start was set up in 2000, only a minority of parents (29% of parents of one- and two-year-olds) used the range of pre-existing groups in the study area. However unmet need was high. Nearly a fifth (19%) of parents wanted to use both mother and toddler groups and playgroups more than they did, particularly parents under 26, who also seemed more prepared to seek help and attend training than older parents.

The reasons parents most frequently gave for not using early years groups were the service not being available and problems of practical access (time, distance, cost). Social and psychological reasons were barely mentioned but this could have been an artefact of the methodology; they were not included in the list of showcard answers parents were asked to choose from.

By 2003/4, each parent had considered three early years groups on average for their study child, and had taken him or her to two, averaging 38 attendances per group. The range was wide; eight parents used no groups and one used seven. Nil-use and one-off use were extensive. Of all groups used, over a fifth (22%) were attended just once. Barely half (49%) of all groups that parents knew of were attended more than once.

Parents attended their favourite groups five times as often as their least favourite ones. The same group could be named 'best' and 'worst' by different parents; what mattered was the 'fit' between parent and group. Parent and child groups were much more likely to be named parents' favourite if they catered for children in a different room.

One in five of the study children had attended a child-only group, such as a playgroup or private nursery, attending these more than twice as often as at parent-and-child groups. Parents using child-only groups had higher incomes, more qualifications and were more likely to be in social classes A-C2 than those whose children attended a council day nursery before the age of three, supporting a Millennium Cohort Study finding that

formal childcare might be a means of transmitting social advantage for better-off parents (George and Hansen 2007).

Two main themes emerged from surveying parents' use of early years groups between 2000 and 2003/4. There was a substantial body of non-users; more than a third of the study children (11) had not been to any groups at all or only to one group once.

Secondly, one-off attendances were common, involving nine of 22 parents who had taken their study child to a group, and more than a fifth (22%) of all groups attended. This only occurred at parent and child groups not at child-only groups, suggesting it was the parent's experience that put them off attending a second time. In addition, when formal childcare of all types was considered, there seemed to be a class divide. Parents of children attending a council day nursery before the age of three were poorer, less educated and more likely to be from social classes D and E than parents of children attending playgroups or private nursery.

11.4 Who were the high attenders?

Research Question 1 – What are the social, economic and other characteristics of families, including parents' sense of wellbeing, which affect how much they use early years groups?

In Chapter 7, parents were divided into high and low attenders (according to whether they said they had taken their study child to early years groups 21 or more times since birth) or not. Remarkably few (10) of the 138 variables distinguished between high and low group attenders, even when pre-existing and Sure Start groups were considered separately.

Some associations that were found echoed previous research findings, for instance that materially-advantaged parents (Ghate and Hazel 2002, Gibbons 1990) were more likely to attend groups than other parents. High attenders were more likely to be in social classes A-C2, and not to have received Income Support or had their study child referred to a council day nursery. More had use of a car, which would have helped in some cases to access groups. They were also more likely to have gone to ante-natal class than low attenders, which also required the courage to join a group of strangers. However, high attenders had encountered more problems with their child's growth or development, which may have led them to seek support through attending a group.

There was some evidence that high attenders experienced a 'mother' support gap, which they may have tried to fill by attending a group. High attenders at pre-existing groups were more likely to have been support-needy in 2000 and/or 2003/4 and not to number their own mother amongst their three key supporters, and could perhaps not easily have drawn on the kind of support their own mothers could have offered, without reciprocating or feeling indebted. High attenders at Sure Start groups (using the more accurate combined measure where possible) included all those mothers with ambivalent relationships with their own mother. Perhaps the project with its staffed groups met a need among such women for support.

High and low attenders were not homogeneous groupings of parents. High attenders both of Sure Start groups and of pre-existing groups varied a great deal, including low-need highly-confident parents, some of whom helped run the group, some with medium-high self-confidence who attended autonomously, and some low-confidence parents with high needs who needed help and encouragement to attend. This mirrors the findings of the National Evaluation of Sure Start team (Garbers and others 2006; Tunstill and others 2005), which found that only a minority of high attenders were the most disadvantaged parents (Anning and Ball 2007).

11.5 What mothers thought of groups

Research Question 2 – What were parents' perceptions and experiences of early years groups?

In Chapter 8, mothers'⁵ comments about groups were analysed. Personal relationships were key to how they became aware of groups in the first place, whether they attended and how often. Parents became aware of over half (51%) of the groups through family and friends.

Peer factors accounted for half of the mothers' comments on their decisions about whether to attend a group, and 40% of the gains and losses if they did so. Twenty-two of the 25 mothers (88%) who had attended any early years group commented on a mother-peer factor, underlining the need to feel psychologically and socially comfortable in a group.

⁵ The study child of the only father interviewed had not attended early years groups and he made no comments on decision factors or group outcomes.

Mother-peer factors consisted of individual-level ones (whether the mother lacked confidence or was happy with her own company) and group-level ones (whether she knew anyone at the group, found the group cliquey or welcoming, the same social class as herself or not, and whether she felt she fitted in).

Some mother-peer factors were common in the sample; 18 mothers commented on whether they knew anyone in a group and 16 on how welcoming or cliquey it was. Generally, if a woman went to a group knowing no-one, she reported it as cliquey and did not go again. Often mothers would try another group if they found one cliquey. Some would choose to socialise informally instead, but some felt so humiliated or excluded by the experience that they lost confidence to attend any future groups and became non-attenders through fear rather than choice. I termed these parents 'group-fearful'.

The distinction between parents who did not attend groups because they did not want to and who did not attend because they were afraid to, was a key finding, helping to answer why some of the most disadvantaged parents did not use groups. The Sure Start project in the study area noted in its three-year report (Boushel, Burns and Burton 2004) that a third of parents in highest need dropped out before attending any groups.

The importance of mother-peer factors accords with feminist psychologists' relational model of groupwork, where psychological safety (feeling connected) is recognised as women's prime need in a group (Butler and Wintram 1991, Schiller 2003). This model acknowledges that some women are particularly prone to psychological injury in a group because of a history of abuse, depression or loss (Schiller 2003, Shulman 1992), and skilled facilitation is required to minimise this and stop them leaving (Butler and Wintram 1991, Garland and others 1965). Both these findings are supported by this study. The only groups that some previously 'group-fearful' parents had successfully been encouraged to attend were those run by projects with skilled staff.

A distinctive feature of early years groups is that mothers may be motivated to attend them primarily to benefit their child rather than themselves, and this could be why so many experiences were negative. Mothers only became regular attenders if they enjoyed the experience themselves, as Ghate and Hazel (2002) and Ramey and Ramey (1998) found.

A second key driver affecting group attendance was class. Nine mothers commented on whether they felt comfortable with the social class of the group, finding it 'stuck up', 'rough' or just right. This was not just a matter of taste and comfort but of psychological and social safety. Lower-class people were in danger of psychological 'class injury' (Sennet and Cobb 1977) by those they described as 'stuck up'; higher classes wanted to avoid social 'contamination' by the 'rough' behaviour and speech of those they perceived to be lower class. The urge to avoid 'rough' groups, was reflected in some parents' keen drive to avoid 'rough' schools (eight of the 30 study parents moved house or 'bussed' their child to ensure they attended a school in a 'better' area), and 'rough' parents and children generally. This reflects the division, long noted by researchers, of the working class into 'rough' and 'respectable' elements (Klein 1965, Skeggs 1997).

Danger from 'rough' elements in the neighbourhood was also physical, and was perceived by most parents interviewed. Two-thirds were concerned about anti-social behaviour by young people, over half (53%) were worried about illegal drug activity, thirteen (43%) felt unsafe because of stone-throwing, burglaries or arson in their neighbourhood, nine (30%) felt intimidated by groups of young people, and five families (17%) had experienced danger on a personal level – serious or prolonged bullying, assault, threats, attempted abduction, a four-year-old killed in a hit-and-run accident and another being persuaded to set the family home on fire. This led to some parents moving out to a less poor area by 2003/4 and to others keenly wanting to do so, meanwhile 'bussing' their children to non-local schools. Several other parents moved to a less 'rough' part of the study area.

Often parents lacking confidence and those who felt they did not fit in or had found a group to be 'stuck up', also reported peer difficulties for their children in a group.

Apart from peer factors, other themes affecting parents' decisions to use an early years group were: relationship with workers, practical access, organisational access, child safety, and mother and child's access to each other. Most have been mentioned in previous research, except mother-child access, but not explored in such detail.

11.6 Barriers and attractions to group attendance

Research Question 3 – What are the main enablers and barriers to use of early years groups?

The relative strength of different barriers and attractions to group attendance was measured by how often mothers used a group and whether they named it as the 'best' or 'worst' one they had been to, or neither (Chapter 9).

How the mother found out about a group was also linked with how often she took her child. Publicity by poster alone led to nil attendance in every case. Leaflets and school newsletters were only slightly more effective (average four attendances). A letter or information pack from Sure Start was better (average 13 attendances), but more effective by far was a personal recommendation. Average attendance was 28 times if this came from a health visitor, and twice that (56 times) if it came from friends or family, which often meant the parent had someone to go with.

Where a mother made any positive comment about a group, this overwhelmingly (in 92% of cases) led to attendance on two or more occasions. A negative comment was strongly associated with nil or just one attendance (in 66% of cases), pointing to the very strong need for those running groups to reduce the chances of any negative reaction by a newcomer if they want them to come again. Likewise they must strive to increase the chances of a positive reaction, for instance by being welcoming.

In order of strength, the top five attractions or enablers to group attendance were: child safety, a good child-worker relationship, the desired level of mother-child access, good mother-worker relationship and positive mother-peer factors, with average attendance varying between 51 and 105. Numbers only allowed mother-peer attractions to be considered individually; the strongest was the group being friendly, followed by the mother knowing someone at the group, and it being her class.

The top six barriers to group attendance in terms of strength were: the group not being open to the child, negative mother-peer comments, poor practical access, negative child-peer comments, a poor mother-worker relationship, and the group being considered unsafe for the child. All mother-peer barriers were associated with one-off attendance, except for mothers lacking confidence; two of these had been warmly encouraged to

attend staff-run groups and did so regularly. The strongest child-peer barrier was when other children were 'rough' (average attendance was twice).

If a mother reported any loss for herself from attending a group, she was much more likely to attend only once and to report it as her 'worst' group. Peer factors for mother and child played a prime role in gains and losses from group attendance, accounting for 40% of gains and 42% of losses. Mothers and children needed to enjoy socialising with others in the group, and mothers also appreciated feeling supported.

Quantitising the qualitative comments highlighted just how important peer factors were, particularly negative ones. Mother-peer factors accounted for half of mother losses from groups and 45% of all barriers. They also played a particularly important role in one-off attendances. Almost four out of five barriers associated with one-off attendance were peer barriers; 61% were mother-peer barriers and 17% were child-peer barriers. To ensure that a mother attends a group more than once, it is important that she knows someone there, does not find the group cliquy, considers it to be her 'class' and that she 'fits in', and, if she is particularly low in confidence, that she is warmly encouraged to attend and supported when she does.

One in six mother-peer comments concerned social class, whether a mother perceived a group to be her class or not. If not, in five cases out of 13 she did not attend at all, and in six cases she only attended once.

11.7 Comparing Sure Start with pre-existing early years groups

Research Question 4 – How does use of Sure Start groups compare with other early years groups? Both qualitative and quantitative information from the interview was used to answer this question, which is addressed in Chapters 6, 7, 8 and 9.

Being more established in the area, pre-existing groups were better known and more widely-used than Sure Start groups; 66% of groups attended were pre-existing groups. Most Sure Start groups were in new, colourfully-decorated and well-equipped premises, whereas many of the largely unstaffed pre-existing groups were held in church halls. Not only were Sure Start groups newer than pre-existing groups, being set up in 2000 at the earliest, but they were usually run by a member of staff, with playworkers for the

children, sometimes in a separate creche. Amongst the pre-existing groups, only the family centre groups, teenage parents groups and private nursery were run by paid staff and only family centre groups and the private nursery employed playworkers. There were more rules concerning use of Sure Start groups, a condition of government funding; children had to be under four, from a particular geographic area, and registered with the project.

More Sure Start groups that parents knew about had been attended (68%) compared to pre-existing groups (60%). However, average attendance at Sure Start groups was lower (28 times compared to 46 times for pre-existing groups), possibly because the groups had not been running for so long and some were time-limited. Although similar proportions of each type of group were described as parents' best and worst ones, more pre-existing groups were attended on a one-off basis (25%) than Sure Start groups (18%).

Of the 22 parents who had taken the study child to any group, seven had only used Sure Start groups and seven had only used pre-existing groups. Without Sure Start the number of non-attenders in the sample would have nearly doubled, from eight to 15. The existence of Sure Start raised the proportion of study children attending groups from 50% (N=15) to 73% (N=22).

There was a perception that Sure Start generally was more for disadvantaged families (Appendix 7). Although over half the parents said it was a universal service, nearly two-thirds (30 of 48) of the categories they used to describe who it was for, consisted of families disadvantaged in one way or another. Similarly, non-attenders of particular groups tended to view them as being for parents needing support. Only one in five comments about Sure Start and pre-existing groups that parents chose not to attend, viewed them as being for 'normal' mothers.

What type of parents attended groups? Those needing support were more likely to have tried attending a pre-existing group, though this association missed significance. However, if they had needed more support in 2000 and/or 2003/4 they were more likely to become high attenders at pre-existing groups (Fisher's Exact Test: $p=0.049$, $df=1$, $N=30$) but not at Sure Start groups. Eight of the nine (89%) high attenders at pre-existing groups had a support gap during that period, compared to only five of the nine high Sure Start attenders. So, although Sure Start groups were more likely to be perceived as for

parents needing extra support, such parents were more likely to have attended pre-existing groups regularly.

This seemed a paradox, as high attenders at pre-existing groups were in some ways better supported by their partner and three key supporters than those at Sure Start groups. However there was a crucial gap in this support system, their mother; she was far less likely to be one of their three key supporters because she was dead, lived abroad or had fallen out with her daughter. There was some evidence that high Sure Start attenders had a different kind of mother support gap; they were more likely to have an ambivalent relationship with their mother. Both types of group then, may have helped fill a gap in support from parents' own mothers. Certainly those whose mothers were still alive felt better supported if she lived less than 10 minutes' travel time away⁶ (Fisher's Exact Test: $p=0.023$, $df=1$, $N=24$). Those who were otherwise well supported could fill this 'mother gap' through pre-existing groups; the less well-supported looked more towards Sure Start groups.

Demographically, high attenders at pre-existing groups were more likely to be in classes A-C2, to have a car, to live in a child-friendly area and to be aged 30 or over. To some extent this continued the trend found in the 2000 survey of older mothers being more likely to attend such groups. However, high Sure Start attenders could not be so easily categorised, representing a broader range of age and class. In this respect, Sure Start could be said to have 'broken the mould' of early years groups being the preserve of better-off parents.

High Sure Start attenders did have two distinguishing features. They were very positive towards professionals; perhaps parents willing to use a group run by a professionally-managed organisation were more likely to be kindly-disposed towards professionals. Also they were less likely to be satisfied with their housing, often having problems with too little space, coldness or condensation, paralleling a U.S. finding (Lamb-Parker and others 2001). Perhaps such parents particularly appreciated the chance to get out of the house to a group in a warm attractive centre.

⁶ This finding paralleled that of Gill, Tanner and Bland (2000) who found that parents having difficulty were far less likely to have their mother living within 10 minutes' travel time away.

As far as parental need was concerned, this study found that high Sure Start attenders ranged from high to low need, which accords with national Sure Start findings (Anning and Ball 2007). Similarly, high attenders of pre-existing groups also ranged from confident, coping parents to those struggling with many disadvantages, though the latter attended staffed groups where skilled facilitation was available, as it was at Sure Start groups. This reflects the need to protect the psychological safety of less confident mothers in groups (Butler and Wintram 1991, Garland and others 1965).

An inner core of very high users was noted for both types of group, with four mothers accounting for two-thirds of attendance in each case.

When it came to the qualitative data, mothers made twice as many comments about pre-existing as Sure Start groups concerning the predominant theme - mother-peer factors. Mothers were less likely to find Sure Start groups cliquey (only 7% were, compared to 39% of pre-existing groups), and less likely to say that knowing someone or no-one at the group affected whether they attended (19% compared to 45% of pre-existing groups). This may have been due to four factors present in Sure Start groups – staff facilitating them, Family Link Workers bringing high-need shy mothers along for the first few times, ‘welcomers’ at each group ensuring no-one was left out of conversation, and some of the groups being short-term so that a strong clique could not develop. In contrast many pre-existing groups were run by a volunteer group of friends, a clique from which newcomers could easily feel excluded in the absence of skilled facilitation.

As regards social class, only pre-existing groups were described as ‘stuck up’ (7% of them). A similar proportion were termed ‘rough’ (5%), but this term was applied more often to Sure Start groups (14%). To some extent, these social class epithets reflected reality, with high attenders at pre-existing groups being higher social class than those at Sure Start groups.

The multi-factor analysis of parent clusters showed that by 2003/4 two of the strugglers had conquered their fear of groups to become regular attenders. All three groups they attended were staffed ones, run by the family centre or Sure Start. It is significant that such shy mothers had not felt able to attend non-staffed early years groups, underlining the importance of skilled facilitation.

11.8 Parent clusters

Research Question 1 redrawn – What quantitative and qualitative factors affected parents' use of early years groups, in particular which factors affected the most disadvantaged parents?

Chapter 10 re-addressed the question of which different types of parents used and did not use early years groups. Two sets of parent clusters were proposed – the peer factor model and the multi-factor model. The first was based on whether parents had attended groups with the study child five or more times and whether or not they were afraid of groups. This divided low attenders into those afraid of groups ('group-fearful') and those who were not ('avoiders'), and compared them with attenders. 'Group-fearful' parents contrasted greatly with 'avoiders', having the most disadvantages, struggling to cope and needing help, whereas 'avoiders' were as advantaged as 'attenders', and often more so. It is suggested that agencies concerned about non-use of services should concentrate on the 'group-fearful' parents who are high-need rather than the much lower-need 'avoiders'. Offering 'group-fearful' parents one-to-one help, at least initially, rather than expecting them to attend a group may be more acceptable to them.

The multi-factor model is more sophisticated, and divides both attenders and non-attenders into six different clusters. In the first stage, parents are divided into swimmers, strugglers and surfers on the basis of two criteria – whether they are afraid of groups and whether they keenly want to move to a more affluent area. Both issues emerged as important from the qualitative analysis. Strugglers were afraid of groups, surfers wanted to move to a less 'rough' area, and swimmers were neither afraid of groups nor wanted to move to a richer area. They were content to stay in the study area. Strugglers and swimmers were then divided according to whether they were attenders (that is, they said they had taken their study child to an early years group five or more times altogether), and surfers were divided according to whether they had yet moved to a more affluent area or not.

The six clusters were: shy strugglers (who were afraid of groups), attender strugglers (who had conquered their fear of groups), attender swimmers (who were content to stay in the local area and attended groups), non-attender swimmers (who were content to stay in the local area but did not attend groups), struggler surfers (who keenly wanted to move to a richer area but had not yet done so), and settled surfers (who had made this move).

The peer-factor clusters were significantly associated with 34 variables ($p < 0.05$) and the three-way multi-factor clusters (swimmers, surfers and strugglers) were significantly associated with 41 variables ($p < 0.05$). In both cases this was far more than when high attenders were simply contrasted with low attenders (associations with 10 variables at $p < 0.05$ - Chapter 7). It was not possible to assess the significance of associations between the six-way multi-factor clusters and the range of variables, because numbers in each cluster were too small. However the six clusters were considerably more distinctive in many ways. Non-attender swimmers and settled surfers were the clusters with the best global parenting and child behaviour scores, where parents and children were relatively problem-free. Three groups of 'strugglers' were pinpointed – shy and attender strugglers, and struggler surfers. These struggling parents were distinctive from others in many ways, showing a significant association ($p < 0.05$) with 33 parenting variables. They had poor wellbeing and self-esteem, wanted more help, and suffered from many difficulties; in addition seven (64%) wanted to move from their neighbourhood compared to 16% of other parents.

A fourth group of strugglers, 'hidden strugglers', was presumed to exist (Chapter 11.2.5), who had avoided the second (and possibly the first) interview, possibly through fear of official agencies, including a researcher. Further research with such parents, generally considered as 'hard-to-reach' by agencies, and their children possibly 'in need' or 'at risk', could prove particularly fruitful in finding out what services and groups would be useful and acceptable to them.

Two peer factor themes played an important part in the division of parents into clusters. In both models past or present group-fearfulness emerged as a key criterion, identifying 'group-fearful' parents in the peer factor model and 'struggler' parents in the multi-factor model. Social class was the basis of the second key criterion in the multi-factor model; parents keenly wanting to live in a non-'rough' area emerged as a cluster in their own right. Not only did these two peer factors, along with whether parents had used early years groups five or more times and whether they had actually moved to a non-'rough' area, effectively divide the sample, they allowed a grouping of struggling parents to be identified who had high needs for help. Shy strugglers in particular were less able to access groups to obtain this, an illustration of the 'Matthew effect' (Ceci and Papierno 2005) whereby the most disadvantaged people were found least able to access

interventions, a tendency also evident in the use of Sure Start nationally (Belsky and Melhuish 2007).

11.9 Conclusions – Mixed methods and the key role of ‘mother-peer’ factors

The use of both quantitative and qualitative methods in this study had an unexpected bonus. Not only were the different methods complementary, answering different research questions about parents’ use of early years groups, but it was also possible to quantitise the qualitative data and to integrate the two types of data. The first enabled the topography of the sample to be sketched out (identifying how common particular themes were) and also strengthened the findings, by not only listing the barriers and enablers to group use but linking these with frequency of attendance so that the most powerful ones could be identified. Integrating key factors from the quantitative and qualitative data then enabled a combined analysis to be carried out, which identified different types of parents and their use of early years groups, to find out whether the most disadvantaged parents did not use groups and why.

During the course of this study, one theme emerged as crucial to parents’ use or non-use of early years groups. This was mother-peer factors, particularly whether a mother knew anyone at a group, whether she found it cliquey, whether she felt it was ‘her’ social class, and how shy she felt about joining a group. One amalgam of these factors, a strong fear of joining a group (based on a combination of a past group experience and low social confidence), along with the importance of a parent feeling comfortable with the perceived social class of a group (and indeed the perceived class of the residential neighbourhood), surfaced time and again throughout this analysis.

11.9.1 Key theme - ‘Group-fearfulness’

Fear of joining a group will first be considered. The only variable (of 136) which was significantly associated with both global parenting measures (parents not coping well or having enough support) and child behaviour problems, was whether the parent was ‘shy’ (felt afraid to go out alone or meet people) either at Stage 1 or Stage 2. Parental ‘shyness’ was an important predictor for both parents and children having difficulties. Five parents were ‘shy’ in 2000 and seven in 2003/4, a total of nine parents at either or both times.

In the qualitative analysis of how parents decided whether to attend a group or not, the predominance of mother-peer factors was noted, along with the strength of mother-peer barriers (usually associated with once-only attendance), and the overlapping of several of these – particularly lacking confidence and finding a group ‘stuck up’. Some mothers were strongly afraid of attending groups after a psychologically-bruising experience at one, when they had felt excluded or humiliated. This not only put them off returning to that group but also attending any other. There were six such ‘group-fearful’ mothers.

When the qualitative and quantitative data were compared, all mothers saying they were afraid of groups, or had been but had overcome this fear, had answered ‘Yes’ to being ‘shy’ either at Stage 1 or Stage 2 or both. The Malaise question could therefore be regarded as serving as a proxy question for ‘group-fearfulness’.

However being ‘shy’ was not significantly associated with being a low attender at early years groups. The reason for this was revealed in the qualitative analysis. Some parents were low attenders through choice not fear.

‘Group-fearfulness’ played a key role in the analysis of parent clusters. In the mother-peer model where parents were divided into those who were currently ‘group-fearful’, those who chose not to attend groups (‘avoiders’) and those who did attend groups, each cluster was much more homogeneous than when parents were crudely divided into high and low attenders. The two types of non-attender were very different; ‘group-fearful’ parents were the most disadvantaged with the highest needs for support, whereas ‘avoiders’ were the least disadvantaged with the lowest needs for support. All the ‘group-fearful’ parents were ‘shy’ at Stage 2 compared to none of the avoiders; all had low self-esteem, and all but one (80%) had had their education interrupted, had no GCSE qualifications, had suffered abuse, had more CPQ family problems, an elevated risk of depression (at Stage 1 or 2), and wanted more support compared to one (12%) of the ‘avoiders’ in each case. All six ‘group-fearful’ parents had study children with 11 or more behaviour problems compared to just one of the ‘avoiders’.

In the multi-factor model, it was possible to refine the clusters, distinguishing between parents who were still ‘group-fearful’ (shy strugglers) and those who had been at Stage 1 but had overcome this (attender strugglers). Both were still struggling with parenthood, as was another cluster of parents (struggling surfers) who were better-educated but

urgently wanted to move out of their neighbourhood to a less 'rough' one. All three groups of strugglers faced a panoply of difficulties but shyness featured strongly amongst their characteristics. Being 'shy' at Stage 1 and/or Stage 2 was one of only two variables (the other being low self-esteem) associated with these three types of struggling parent at the highest level of significance ($p < 0.001$) detected for this small sample.

11.9.2 Key theme – Social class

Social class affected which parents took their children to early years groups, which groups they used, and what kind of pre-school child-only care they used. It lay beneath many issues as a driving force, with many parents choosing to avoid 'rough' groups and schools, and some feeling compelled to move house to a non-'rough' area altogether. In part this drive was to achieve physical safety (from stone-throwing, traffic danger and physical bullying), in part to achieve social safety (from name-calling, intimidation and their children adopting 'rough' behaviour such as swearing and spitting). The drive to move to a 'better' area was the key criterion for identifying surfers, one of the three parent clusters in the multi-factor model. Along with parents who had been 'group-fearful' at Stage 1 or 2, those who keenly wanted to move to a less 'rough' area but had not yet done so, were struggling with parenthood and their children were more likely to display Borderline or Abnormal behaviour problems. This blocked aspiration to move to a 'better' area rendered these parents, who all had GCSEs and were working, as being as needy of help (three out of four wanted more) as the more disadvantaged and unqualified parents who were or had been 'group-fearful' (six of seven strugglers wanted more help); less than a third of other parents wanted more help (six out of 19).

Parents in social classes A-C2 were more likely to be high attenders at early years groups, particularly at the longer-established pre-existing groups. Nine of the 22 mothers (41%) who used groups commented on whether they felt a group was 'their' social class or not, though usually using euphemisms such as 'rough', 'nice' and 'stuck up'.

Perceiving a group to be the 'wrong' social class was a strong barrier to attendance; in only two of 13 cases did the parent attend more than once. Attending a group perceived as higher class than the mother exposed her to the danger of 'class injury' (Sennett and Cobb 1977). Attending a group perceived as lower class than the mother made for an uncomfortable experience, with the other mothers variously characterised as 'rough', 'ghetto girls' and 'ruffians', prone to swearing and aggression. In addition such mothers did not want their children exposed to 'social contamination' and possibly physical

danger from more aggressive children. In line with pre-existing groups being attended by more parents in classes A-C2, it was only some of these groups that were described as 'stuck up'. Proportionally more Sure Start groups were described as 'rough' even though they were not used significantly more by social classes DE in the sample.

Another class divide surfaced in child-only care. Before children started nursery class, those whose parents were in classes A-C2 were more likely to choose to use playgroups or private nursery, whereas parents in classes DE were more likely to have had their child referred to a council day nursery. This class segregation of early childcare has been described as a means of transmitting social advantage by the Millennium Cohort Study (George and Hansen 2007).

It is clear that social class was an important factor affecting mothers' decisions about which groups they felt comfortable to attend, which schools they felt comfortable for their children to attend, and which area they wanted to live in. Some parents felt driven to move to a less 'rough' area, some were content to stay in the study area but chose which schools and groups would give their child the best chance to 'get on', while others simply used the nearest facilities. In a group, it was important not only for a mother to feel accepted by others but also to find their values and behaviour (particularly relating to childcare) were in accord with her own. Diehl (1988) noted that people tend to seek friends, partners and groups where members are of a similar age and have similar interests, in order to reduce the chance of rejection (Leary 2001). Maslow (1987) also noted the tendency of groups to consist of like-minded individuals.

11.9.3 'Group-fearful' parents – the most disadvantaged and support-needy

The division of parents into multi-factor clusters points to the possibility of identifying the most disadvantaged but support-needy parents by simply asking if they are afraid to go out alone or meet people, and if they do not take their child to early years groups for this reason. This would identify the 'group-fearful' or 'strugglers', a cluster with a host of disadvantages, most of whom would welcome appropriate help if it were offered sensitively. This could involve substantial one-to-one encouragement and support, and possibly accompaniment to groups, at least initially. It is acknowledged that another group of strugglers, 'hidden strugglers', is presumed to exist, who are suspicious of professionals and outside intervention (Anning and Ball 2007); even if identified, these parents may reject help.

Although 'group-fearfulness' is associated with low self-esteem and poor mental health, it should not be regarded as an inherent psychological condition because of the external factors associated with it, such as poverty and lack of qualifications (often resulting from an interrupted education caused by natal family problems rather than any lack of cognitive skills). Also, it was a dynamic not fixed trait; parents could become 'group-fearful' or conquer this condition, depending on circumstances.

The most disadvantaged parents have long been a target of family services. Speculating on the origins of such a cluster of needs, Quinton (2004) noted that multiple-need parents tended to be poor and to have difficulties in relationships arising from their own upbringing. The present study did not discover much about parents' upbringing, except the state of their current relationship with their mother if she was still alive. However, there were indications that this did affect their relationship with their three key supporters and their partner, and whether they had a partner. For instance, parents whose relationship with their mother was ambivalent, received less warmth from their three key supporters. Surprisingly, a parent's mother having died seemed to be a protective factor, increasing her chance of living with a supportive resident partner. On the other hand parents who saw their mothers at least weekly or who had warm or ambivalent relationships with their mother were the only ones to be at high risk of depression (Malaise score of eight or more) (Fisher's Exact Test: $p=0.061$, $df=1$, $N=30$ in both cases).

Three British studies of parents (Ghate and Hazel 2002, Gibbons 1990, Gill, Tanner and Bland 2000) also found that those having difficulty were poorer, more isolated, had more family problems and wanted more support. Perhaps parents who experience prolonged poverty or ill-health, or have no qualifications⁷ develop low self-esteem and low self-efficacy. Perhaps also, those who have experienced victimisation or abuse, as adult or child, can find it difficult to develop personal boundaries which are sufficiently protective. As a result they may be unable to conduct healthy social relationships, acknowledging their own needs as equal to others – unless reflection, counselling or a warmly supportive partner, friend or mentor helps effect a turnaround. Without a

⁷ These factors may be associated: no unqualified parents were found to be 'fit and well' in this study.

turnaround, such parents can be easily psychologically 'bruised' by others, and are particularly sensitive to social exclusion in a group situation.

Care must be taken, however, not to rely too heavily on a psychological explanation. Lawler (2000) warned against doing this, advising it could obscure the structural mechanisms underlying social phenomena:

"An emphasis on individual psychology reduced social relations to familial relations."
(Lawler 2000: 47)

Just as it would be inappropriate to attribute the main cause of lung cancer to the constitution of individual smokers because only some smokers develop the condition, so it is inappropriate to blame 'group-fearfulness' on individuals' inherent psychology. There are clear associations between 'group-fearfulness' and parents having many difficulties (experience of abuse, many family problems) and few resources (no qualifications, little money, low self-esteem, poor mental and physical health), topped by one deeply unpleasant experience of an early years group. Perhaps an individual's psychology is largely a product of their past experience, and mediates the way they face the current strain between demands and resources. It may explain the way they react to a group, but in turn itself can be explained by external factors and preceding events. Fear of groups may be strongly associated with an individual's poor mental health and low self-confidence, but it is a social phenomenon.

The next section explores the psychological danger of groups, particularly for parents who are not confident and are particularly sensitive to negative group dynamics. This places 'group-fearfulness' in the context of literature on social phobia and 'rejection sensitivity'.

EARLY YEARS GROUPS – A PSYCHOLOGICAL DANGER ZONE

11.10 Introduction

Peer factors dominated mothers' experiences of early years groups. In the analysis of parents' comments (Chapter 8), three themes stood out. These were: knowing someone or no-one at the group, finding other members welcoming or cliquey and perception of the group's social class. The first was mentioned by over two-thirds of mothers who had attended a group, the second by over a half, the last by over a third. Where a mother encountered one of these barriers in a group, she did not return; average attendance was just once in each case.

It is normal for an individual contemplating joining a group composed mainly or wholly of strangers, to feel anxiety (Frey and Meyer 1965, Brown 1988). The newcomer faces the possibility of acceptance or rejection by the group and rejection, in whatever form, is painful (Leary 2001). Taking one's child to an early years group is optional and for some mothers, the anticipated benefit was not worth the possible cost, so they stayed at home. Others, however, attended. The evidence from this study was that if a mother went to a group where she knew someone whom she liked, she was likely to become a regular attender. If she did not know anyone in the group, she was unlikely to attend more than once. In this situation some mothers would then try another group, but others found the experience so unpleasant and painful they would not.

Fourteen parents had found a group cliquey. This entailed a range of behaviour from members not talking to the parent for the whole 90-minute session (exclusion), to giving the newcomer what she perceived as 'dirty looks' (non-verbal ostracism), and 'bitching' about other members in their absence, making the newcomer fear she could be a future target for this (indirect verbal ostracism). In every case the experience was unpleasant, but for some parents it was deeply painful and discouraged them from coming to that group again or any other group, whereas other parents would try another group. The psychological pain felt as a result of such ostracism or exclusion could be termed 'peer injury', a term paralleling 'class injury' (Sennett and Cobb 1977), which refers to the psychological pain felt by those targeted by snobbery. The importance of social class, in

patterns of group use and in parents' lives more generally, has already been discussed in the first section of this chapter. This section will focus on the other two key mother-peer factors.

Fear of knowing no-one and finding a group cliquey strongly influenced whether mothers attended or not. Why does a newcomer feel anxious about joining a group, particularly an established one, and why are some individuals more resilient in groups than others? Several theories cast light on this situation, in particular Maslow's (1987) hierarchy of needs, the concepts of social phobia and 'rejection sensitivity'.

11.11 Psychological safety

In his well-known hierarchy of needs, Maslow (1987) identified psychological safety (along with physical safety) as humans' second most important need (Figure 13.1). Once physiological needs have been satisfied (for instance for food and oxygen), the need for physical and psychological safety, including freedom from fear and anxiety, predominates. Maslow also identified a broader aspect of this safety-seeking as a "very common preference for familiar rather than unfamiliar things, for the known rather than the unknown" (Maslow 1987:19).

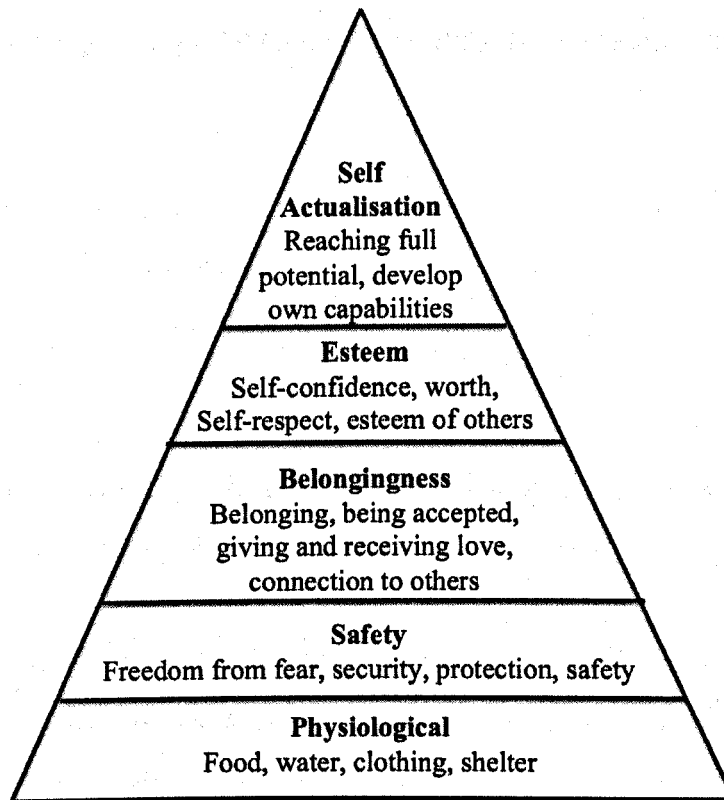
The position of safety in the human needs hierarchy makes sense of my finding that parents' need for psychological safety, their fear of going to a group where they knew no-one and their avoidance of groups where they felt excluded by a clique, was crucial in understanding their patterns of group attendance. Parents needed psychological safety more than they needed to join a group. Very few could attend a group where they knew no-one, without feeling anxious.

At the next level up in the needs hierarchy (the need for social relationships and belongingness) Maslow notes the discomfort at being a newcomer rather than an established member:

"...we have largely forgotten our deep animal tendencies to herd, to flock, to join, to belong." (Maslow 1987:20)

Brown (1988) also noted the strong psychological fear involved in being a 'newcomer' to a group.

Fig 13.1 Maslow's Hierarchy of Human Need (1987, first published 1954)



11.12 The social pain of exclusion

Where two or more individuals of any species of social animal are gathered together, issues of dominance and submission arise, and a pecking order develops (Nicholson 1997). In groups, one of the key ways in which existing members, particularly dominant ones, exercise power is by deciding whether to accept or reject a newcomer. This 'decision', spontaneous rather than formal for early years groups, can be transmitted to the newcomer in several ways. If it is rejection it can be broadcast by: ignoring (not talking to the newcomer), non-verbal victimisation ('dirty' looks), direct verbal victimisation (such as derogatory remarks) and indirect verbal victimisation (derogatory or spiteful remarks made to someone else about the newcomer, sometimes in their presence). One mother gave an example of this last type of exclusion, following which she had not attended another group:

"Very cliquey. Being horrible in the corner. Looking and whispering about you behind your back. They in a little huddle." (28:440: attended once, her worst group)

Ridicule, stigma, diminishment and outright rejection are other techniques (MacDonald and Leary 2005). Of course these techniques can also be used against existing group members at any time. Groups are unsafe and unpredictable places for many people, as composition and leadership change.

All these forms of exclusion are painful, and could indeed be viewed as 'peer injuries' in much the same way as Sennett and Cobb (1977) described 'class injuries', which the targets of social snobbery experience. It may be useful to view parents afraid of attending groups as being afraid of the painful experience of social rejection. This can be equivalent to physical pain, and research studies (reviewed by Eisenberger and Lieberman 2004) have suggested the same physiological mechanism is involved in both social and physical pain. The function of this social pain has been hypothesised as social inclusion, the need to alert humans to the need to stay connected to social groups in order to survive (Hoffman and others 2004, MacDonald and Leary 2005).

If humans fail to secure social support, and particularly if they are excluded from a group through ostracism, their health, self-esteem and sense of belonging are damaged (Baumeister and Leary 1995, Baumeister and Tice 1990, Chartier, Walker and Stein 2001). The same is true of other types of rejection, including job termination and rejection by a partner.

Newcomers who attend a group of strangers on their own are at particular risk of the pain of social exclusion (and if they tend to lack confidence in a group situation, they can constitute an 'easy target' for the dominant), unless there is skilled facilitation. If they go with someone, they will at least have someone to talk to during the session and the pain will not be as severe as if they were to endure the experience alone.

11.13 Fear of groups and social phobia

In groups, women's prime need is for psychological safety (Schiller 1995, 2003). After a particularly unpleasant experience in a group, some mothers developed a severe fear of attending groups, which I have termed 'group-fearfulness'. This resonates to some extent with the condition known as social phobia, where a painful experience (such as the mother's experience quoted in the previous section, 11.12) acts as a 'triggering event' (Barlow 2002), giving rise to a strong fear of social situations.

Social phobia can be situation-specific or generalized, temporary or permanent (Chavira and others 2002), and is estimated to apply to between 7% and 13% of the population in Western countries (Furmark 2002). It is defined medically and in psychological literature as:

“the marked and persistent fear of social or performance situations in which embarrassment may occur.” (APA 1994:411)

Elements of social phobia can include fear of interaction with strangers, observation by others and public performance anxiety (Hoffman and others 2004), all of which may feature when a parent contemplates joining a group for the first time. Although s/he is not ‘performing’ at a public event, a person joining a group, particularly one composed of strangers, does feel ‘visible’, as if everyone is looking at them.

Essential to the maintenance of social phobia is self-perception (Beck and Emery 1985, Clark 2001, Leary 2001), whereby social situations are seen as threatening because of dysfunctional beliefs people hold about themselves, both conditional (such as “If I say what I think, I won’t fit in”) and unconditional (such as “I’m thick”⁸). However, effective treatment can lead to positive changes in the self-perception of people with social phobia (Woody, Chambless and Glass 1997, Hofmann 2000). An example of this in my study was when one parent, who had felt very fearful of groups, overcame it after counselling. She realised that it had been her perception of others’ attitudes in a group, rather than their actual intentions, that had put her off attending:

“I tried to be friendly with them and they didn’t want to know me. But didn’t have lot confidence then at all. If somebody looked at me in wrong way then, they weren’t very nice.” (Parent10: par.377)

Research has indicated that social phobia is associated with shyness, major depression, functional impairment at school, work and in the family (Chavira and others 2002) and poverty (Heimberg and others 1990). Most of these characteristics seemed to apply to the ‘group-fearful’ parents I identified. All but one had had a high Malaise score in the year the study child was born, in most cases persisting into 2003/4. All had low self-

⁸ Both these comments were made by parents I interviewed who were ‘group-fearful’.

esteem, none were employed and all were reliant on Income Support⁹. Only one had GCSEs, and only one had started a post-16 course though had not finished it. (The ability to mix with strangers is easier for those with further education, Willmott (1987) found in his study of parents, because joining a college course necessarily entailed mixing with strangers, whereas children often went to school with peers they had grown up with.)

11.14 'Rejection-sensitivity'

One mechanism that might explain how some parents become particularly sensitive to rejection by a group, is rejection sensitivity. This psychological concept was first described in the 1990s (Downey and Feldman 1996, Feldman and Downey 1994) in the context of dyadic relationships, but has since been applied to people's behaviour regarding groups and institutions (Leary 2001).

Drawing on attachment and attributional perspectives, Downey and others defined rejection sensitivity as:

"... individuals who anxiously or angrily expect, readily perceive, and react intensely to rejection (This) originates in rejecting experiences and becomes activated in social situations where rejection is possible, influencing the course of the interaction in ways that may confirm and thus maintain rejection expectations... ." (Downey and others 1999:149)

Downey and Romero-Canyas (2005) described rejection sensitivity as a system which becomes automatically activated when cues of rejection are perceived; this serves to defend the self against the threat of rejection while maintaining social connection. However it can become dysfunctional:

"...some people develop heightened needs for acceptance in response to severe and prolonged forms of social rejection and ... these urgent attempts to gain acceptance can undermine their success." (Leary 2001:282)

Some people, who have experienced rejection as children through abuse, neglect or conditional acceptance by parents (Downey and others 1997), or victimisation, exclusion, rumour-spreading or ignoring by peers (Asher and Coie 1990, Crick and Grotpeter 1995), become highly vigilant as a result. They readily perceive intentional rejection where cues

⁹ Income Support is a means-tested benefit paid to those who are not employed, or only employed for a few hours a week.

are ambiguous or minimal, which is painful for them and could damage relationships, including with partners¹⁰; even in a group, they tend to feel isolated (Levy and others 1999). Negative perceptions therefore play a key role.

The experience of rejection can lead to internalising problems, such as low self-esteem, self-blame and depression, and externalising problems, such as hostility and aggression (Leary 2001). To protect themselves against the possibility of further rejection, some highly rejection-sensitive people avoid social involvement and become isolated. Some anxiously seek to be accepted, ingratiating themselves and seeking intimacy (Downey and others 1999), and eagerly complying with group rules (Leary 2001). Others behave less strategically, resorting to anger, self-harm, binge-eating, drink/drug abuse or other short-term coping mechanisms (Downey and others 1999), all of which are likely to lead to further rejection.

Rejection experienced in one type of relationship (for instance with peers at school) may not only produce expectations of rejection in similar relationships, but also in other types, such as groups:

“Rejection expectations can ...negatively colour their impressions of an unfamiliar group whose behavioural intentions may appear ambiguous.” (Leary 2001:274)

This could explain why some parents in my study were particularly susceptible to feeling rejected by a group; they had experienced a history of rejection or abuse. Five of the six ‘group-fearful’ parents (83%) in my study had experienced past or present abuse¹¹, compared with 29% of other parents. Other characteristics which accord with the rejection sensitivity theory, are that none of the six had a very supportive partner in 2003/4 and two-thirds had experienced a type of rejection between 2000 and 2003/4 (their partner had left and they had not found a new one, or one of their children under 16 had left to live with his or her father). All but one (83%) of the ‘group-fearful’ parents often felt lonely (compared to 4% of other parents) and had poor mental health and low

¹⁰ They may over-invest in partner relationships to compensate for their previous lack of acceptance and possibly, their insecure attachment.

¹¹ One who had overcome her ‘group-fearfulness’ through counselling had not been abused but had a long history of rejection. She had been bullied at school, which she left early to look after her younger siblings because her mother was subject to domestic violence and had become drink or drug-dependent. She had had a nervous breakdown, had been bullied by her husband’s mother, then abandoned by her husband. In both 2000 and 2003/4 she had a high Malaise score (12 then 10).

self-esteem, the latter two being associated with negative self-perception and attribution (White and Barrowclough 1998).

This description of 'group-fearful' parents as being 'rejection-sensitive' overlaps with Shulman's (1992) and Schiller's (2003) description of women who are particularly prone to feeling unsafe in groups (Chapter 8.22). Such women were characterised as suffering from 'oppression psychology', having a poor image caused by previous abuse and bullying (Shulman 1992), and as having endured too many hurtful 'disconnections' in their past, including loss, trauma, depression, abuse and abandonment (Schiller 2003).

11.15 Multiple disadvantages associated with 'group-fearfulness'

While perhaps none of the factors discussed above – past exclusion from a group, experience of bullying or abuse, depression, low self-esteem, poverty, lack of a supportive partner or recent 'rejection' - was individually enough to 'cause' 'group-fearfulness' or rejection-sensitivity, there may have been a dose-response effect as the factors accumulated, just as Ghate and Hazel (2002) found there was between their five key stressors and parents not coping. Not all parents in my study who had been abused became 'group-fearful', but if in addition they had no qualifications, no job, a high Malaise score, low self-esteem, often felt lonely, and did not have a warm attachment to their mother which could easily translate into instrumental help (through their mother living nearby¹²), then their chances of being 'group-fearful' were high.

Evidence from this study would seem to support Featherstone, Manby and Nicholls' (2007) assertion that multiple-need families with interlocking and ongoing difficulties which were historically entrenched, might need continuing support, a kind of 'managed dependency' rather than being expected to manage alone after a certain amount of support.

¹² Of the six 'group-fearful' parents, only one had a warm relationship with her mother who lived close by. Two had warm relationships with their mothers who lived abroad, and the other three had ambivalent or cold relationships with their mothers.

IMPLICATIONS OF THE FINDINGS OF THIS STUDY

11.16 Introduction

Parenting has been described as “the most important public health issue facing our society” (Hoghughi 1998:1545). Certainly the New Labour Government recognised parenting as of key importance to the future of the country, and funded early intervention projects (Sure Start then Children’s Centres) on a larger scale than any previous British Government. However, concerns are widespread that many parents and children who may benefit greatly from such services do not use them. An over-riding concern is to find out why so-called ‘hard-to-reach’ parents do not use services, which they, in turn, may consider ‘hard-to-use’ or unappealing. The key question is: How can services provide help that the most high-need parents will want and use?

“Identifying effective interventions for parents with young children, especially disadvantaged parents, is therefore a research priority.” (Wiggins and others 2004:99)

As many semi-formal services involve groups, the aversion of some parents to attending groups needs to be taken seriously and addressed sympathetically. The Pen Green Centre in Corby (an Early Excellence Centre then a Sure Start pilot) has been nationally-recognised for its work in empowering and engaging with parents:

“We learned that if we wanted real participation then we needed to share decision-making from the word go.” (Whalley 1994:148)

Participation and empowerment certainly seem to be part of the answer. Increasingly, those commissioning, planning and referring parents to services need to take service-users’ views into account. This is not only a matter of good practice but is becoming enshrined in law for various bodies, from local authorities to the National Health Service (NHS and Community Care Act 1990, Local Government and Public Involvement in Health Act 2007), and there are plans to extend the public’s role still further (through the Community Empowerment, Housing and Regeneration Bill planned for 2009).

Learning points from this study on the barriers which stop parents going to groups are presented below, followed by final reflections on this research.

11.17 Learning points for early years groups

A summary of the implications of the findings from this study for policy and practice follows.

11.17.1 Personal recommendation is the best publicity

A personal recommendation by a trusted person is far more powerful publicity for a group than simply a poster. Mothers are much more likely to attend a group if they can go with someone they know and like, or at least if there is someone they know and like there. If a parent knows no-one at a group and is shy of attending, perhaps an introductory 'getting-to-know-you' session with just one or two other members could be held in a private house or the venue, perhaps with the new mother accompanied by someone she knows – such as a friend, relative, health visitor or Family Link Worker. Perhaps a free lunch could be provided at an introductory session. Or perhaps some smaller, more supported groups are necessary in the longer-term for the shyest mothers – who can bring someone they know, at least to start with; this certainly seemed to have worked with one mother in the study. In another case, a mother enjoyed a cooking course, after being encouraged to attend by the health visitor she already knew and trusted, in a venue that was familiar, with other mothers who were as 'quiet' as she was.

11.17.2 Need to welcome newcomers

Group organisers need to make a special effort to welcome newcomers, and include them in conversation and activities right through the session; some indeed have appointed 'welcomers'. Otherwise they may appear cliquey, conversation about other mothers may appear 'bitchy', and the newcomer may feel excluded. This effort needs to be made at every group meeting as a third of those who found a group cliquey still gave it one or two more tries before abandoning it altogether.

11.17.3 Need for mother and group to 'fit' together

Group organisers need to be sensitive to a mother's need to feel that others in a group are her social equals, and that their values and attitudes regarding childcare are similar to her own. This may mean a mother attending a group which is not the nearest to her home, even though it may be more difficult to get to. This applies not only to the social class of group members, but also their age; some teenage and older mothers feel uncomfortable

about attending groups where most mothers are in their twenties. Similarly mothers need to feel that their child's, or their own, ethnic identity will not isolate them in a group.

11.17.4 Mothers can change in social confidence

After one nurturing group experience, a shy mother can become a regular attender, gaining confidence and later even taking a responsible role in the group. This enhanced capacity can be rolled out into other areas of her life, such as employment. It is therefore well worth encouraging and supporting a high-need mother to attend a group that is appropriate for her, as the gains are likely to multiply, benefiting her children in many ways.

On the other hand, a woman may start her motherhood career fairly happily, but lose confidence and become depressed over the following years as she has further children, suffers domestic violence, is separated from her partner, and is left to cope with children blighted by the abuse – some of whom may be violent and out of control themselves. This mother may find it more difficult to accept help and to access groups than younger ones; in particular she may strongly resent any recommendation to attend a course on how to parent. However she may welcome, at her request, one-to-one help on specific topics from a respectful, competent worker.

11.17.4 Groups can change

The atmosphere of a group can change according to its members, any staff who are running it and the venue it is held in. Long-term members, who may have become a clique, may be comfortable there until challenged by newer members. A power struggle may then ensue, with the old-guard leaving to make way for the newer members. One way that organizers can guard against a clique dominating a group is to design it to be short-lived, as some Sure Start groups were in the study area. Also, group facilitators who are reflective in their practice, might consider how to build relationships with parents they find more difficult to get on with.

11.18 Parents and groups – Final reflections

A guiding principle for this research has been to consider early years groups from parents' perspective. I have attempted to understand how a community sample of parents from a disadvantaged area decided, in the case of each early years group they knew about, whether or not to attend. If they did attend, I gleaned information on how often they went, what they liked and did not like about the group, and why they stopped going. This enabled me to build a comprehensive picture of which factors attracted parents to groups and which repelled them, which gains were most powerfully associated with frequent attendance, and which losses with one-off attendance.

Ghate and Hazel (2002) noted that relationships were at the heart of support. Certainly relationships with other parents, anticipated or actual, were the crucial factor I found that affected whether parents attended groups. Although research since 2002 has increasingly highlighted psychological and social factors as affecting parents' use of groups, this study has revealed how much of a psychological 'danger zone' early years groups can be, particularly for less confident parents, who are identified as 'group-fearful' in this study. Quantifying parents' qualitative comments about groups showed that parent and child peer factors accounted for half of all factors affecting parents' decisions on whether or not to attend groups, and for 40% of all gains and losses accruing from attendance.

Although some parents did not attend groups and saw no need to as both they and their children were doing well ('group-avoiders'), others gained considerable and multiple benefits from finding a group they felt comfortable with, particularly those who had been concerned about problems with their child's growth or development ('attenders'). While lower socio-economic class (DE) parents and those without a car were less likely to attend non-Sure Start groups, they were as likely as other parents to attend Sure Start groups. Sure Start groups therefore succeeded in appealing to a broader cross-section of parents in the study area than those run by other organisations or by parents themselves. They were also less likely to 'lose' parents after their first attendance.

The importance of peer factors in whether parents attended early years groups has been illuminated by a brief consideration of social psychological theories on human needs, social phobia and rejection sensitivity. Further research at a deeper psychological level

might illuminate this topic more clearly and suggest other practical ways to help parents afraid of attending groups.

Any agency running an early years group needs to be fully aware of how important mother-peer factors are, how critical a parent's first visit to a group is, and how often opportunities to convert this first visit into regular attendance are lost. Parents vote with their feet after all, and have an entirely free choice about whether or not to attend an early years group. Their child's future may partly depend on that choice.

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Appendix 1 -

Parenting Theory and British Studies of Parenting Difficulty and Support Needs in Poor Areas

A1.1 Introduction

This Appendix briefly surveys literature on parenting theory, and selected studies of parenting in Britain, to ascertain which kinds of variables affect parenting, and which should therefore be included in the input/output model described in Chapter 3. In particular, two global parenting variables are identified (how well parents were coping and whether they needed more support), which were drawn from the large-scale national survey *Parenting in Poor Environments* (Ghate and Hazel 2002).

SECTION 1 - PARENTING THEORY

A1.2 Parenting theory - Introduction

Social scientists' interest in the parenting of young children originated in the prevention of maltreatment (Ghate and Hazel 2002). From the identification of 'baby battering' in the 1960s, society, policy-makers and social workers have been anxious to predict which parents are likely to injure their children in order to reduce the incidence of this phenomenon. Identifying risk was a key approach, and a parental deficit approach prevailed for many years, first focusing on a deficit in parental psychology, then in their informal support system (social isolation), which predisposed them to maltreat their children. More recently, the approach has changed towards identifying resilience factors, parenting strengths, and viewing parents as 'experts' in their own children.

Different theories have guided the study of parenting over the years, firstly the pathological model, then the ecological model epitomised by the neighbourhood approach, and more recently the active agent approach. The latter two both encompass social support and to a growing extent psychological factors.

A1.2.1 The psychological pathology model

This psychological approach prevailed in the 1960s and early 1970s, and focused on abusing parents who were regarded as having abnormal psychology, as Garbarino (1977) pointed out. Sometimes this model was simplistically linked with attachment theory, as Daniel, Wassell and Gilligan (1999) suggested. Sometimes abuse was believed to result from the interaction of an abnormal parent with a particular type of child (Kempe and Kempe 1978, Steele and Pollock 1968).

A1.2.2 The ecological model

In the 1970s and early 1980s a major paradigm shift occurred, coinciding with the rise of sociology, and ecology becoming established as a key concept in the natural sciences. Instead of focusing on abusing parents as isolated individuals, they were considered from a systems perspective. This model proposed that how a person parents is affected by all the factors which affect her or his life – early experiences, current family, friends, employment, neighbourhood links, material resources and so on.

This was a structural rather than an individualistic model, and regarded the parent's position in the social structure, their membership of various social categories (for example lone parent, poor, large number of children) to be as important as their psychology in affecting the quality of their parenting. The ecological model was perhaps most clearly outlined by Bronfenbrenner (1979) regarding child development, and Belsky (1980) regarding parenting. It takes account of factors at four levels: the socio-cultural level, the community, the family, and the individual parent or child.

The ecological model began in the U.S.A. by linking child maltreatment to socio-economic factors, and became epitomised in the neighbourhood approach. Poorer neighbourhoods had higher rates of reported child abuse (Baldwin and Carruthers 1998, Garbarino 1976, Garbarino and Sherman 1980, Gil 1970 and 1973). In Britain, Holman (1980) also noted the connection between poverty and parenting stress. However some studies raised a phenomenological point, noting that child protection rates could be socially constructed by welfare professionals. Parenting in some areas was more highly visible and some areas had a bad 'reputation' among professionals, who were consequently more ready to intervene (Cotterill 1988).

Although parental psychology was not originally a driving force in the ecological model, some writers have incorporated it. Belsky and Vondra (1989) suggested that the various ecological factors were mediated through current personality, and identified parental psychology and marital relations as the most influential determinants of parenting. Wolfner and Gelles (1993) identified psychological predispositions in some parents which, when combined with social-structural and socio-cultural factors, could result in child maltreatment.

Gradually, interest in parenting spread from preventing child abuse to identifying parents generally having difficulty, then to all parents. Similarly, interest in children widened to look at resilience as well as risk factors, to find out what helped children cope in adversity (Daniel, Wassell and Gilligan 1999, Fonagy 1994, Werner 1990).

Initially, social support was measured in a broadbrush way. For instance, Garbarino (1976) applied the concept to neighbourhoods, characterising a supportive one as having a higher proportion of mothers of children under six who had a partner but were not employed, and therefore assumed to be 'free from drain' and available to help others (Garbarino and Sherman 1980).

A1.2.3 The active agent model – Stress, support and coping

The active agent model was identified by Williams, Popay and Oakley (1999) as the next paradigm shift in welfare research. Here the focus moved from the deterministic approach – innate parental psychology or the environment as the chief influence on parenting – to a more flexible approach, which takes full account of individual agency, individual differences and the importance of meaning in social behaviour. Following broad social theory movement since the 1960s, positivism yielded ground to phenomenology.

In the active agent model, individual parents are seen as behaving according to the resources they have and the stress and support they experience. This followed ground-breaking research linking support to physical and mental illness (Cassel 1974) and depression to stress factors (Brown and Harris 1978).

Coping theory considers how an individual's resources, including social support and psychological coping methods, affect the impact of stress on wellbeing (Lazarus and

Folkman 1984, Sheppard 2004, Titterton 1989 and 1992). Characterised as involving effort, coping is defined as:

“...the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person.” (Lazarus and Folkman 1984:283)

Coping also involves managing material, social and personal resources, which can be either enabling or constraining (Gabe and Thorogood 1986). The assumption is that, given the right tools, most people can cope effectively with most sources of stress (Breznitz and Goldberger 1982).

However, coping also depends on an individual's values and perspective, how they perceive a problem and what strategies they regard as both possible and acceptable to them. Strategies that can be useful in the short-term may not be so in the long-term (Monat and Lazarus 1977). Coping behaviours are commonly termed as either problem-focused, where action is taken to manage the problem, or emotion-focused, where emotions are expressed and support sought to manage the problem (Folkman and others 1986).

In his study of mothers under adversity, Sheppard (2004) found the most important factor affecting coping capacity was depression. This was not only associated with poorer child behaviour but with this behaviour being perceived as worse because of mothers' internal working model of attachment relationships (Sheppard 1994).

A1.3 The rise of interest in social support

During the late 1970s and 1980s, there was an increasing focus on social resources in the ecological model (Garbarino 1977, Seagull 1987, Wiggins and others 2004), which then spilled over into the active agent model.

Oakley (1992) has called the rise of social support a 'paradigm shift' in sociology, when the discipline at last acknowledged the importance of emotional support and friendship, rather than the more traditional areas of work and family. However the concept has been used elastically. From 1980-1987 Winemiller and others (1993) found that 262 articles had been published about social support but there was a serious lack of agreement about what it was and how it should be measured (20 measures were used in

the articles considered). A decade later, Quinton (2004) made a similar criticism about lack of rigour regarding this term.

“Support is a very general term. It can be both wide-ranging and vague... The danger in using ‘support’ as an umbrella term is that it can become devalued as an idea.” (Quinton 2004:179)

There are three different ways that social support can be effective: directly promoting well-being, acting as a buffer against stress, and mediating between two variables in all conditions, not just when stress is experienced (Quittner, Glueckauf and Jackson 1990).

A1.3.1 Social support theories

Social support has been defined by psychologists as:

“social transactions that are perceived by the recipient or intended by the provider to facilitate coping in everyday life and especially in response to stressful situations.” (Pierce, Sarason and Sarason 1990)

However, what is perceived by the recipient may be quite different from what is intended by the provider. Social ‘support’ can be positive or negative; the latter may be better renamed social ‘undermining’ or ‘drag’.

Pierce and others (1990) have traced three different conceptualisations of social support which have guided research since the 1970s: structural (network analysis), functional (types of support) and phenomenological (perception of being supported).

Social support theories - Social network analysis

In the positivistic tradition, support was measured mathematically through social network analysis, which counted the number of social connections a person had, presuming, rather simplistically, each to equal social support. This approach did place individuals in their social context, and in some cases the size of network was found to be related to wellbeing (Cohen and Wills 1985). However this approach tended to neglect qualitative aspects of support, which have been found to be powerfully predictive. For instance, one conflicted social tie may have as much negative impact as several supportive ones have a positive impact (Barrera and Sandler 1984, La Gaipa 1990).

Some network studies have included a subjective measure, orientation to the network – how one feels about asking network members for help and what one’s view of self-

reliance is. In their review of social support research, Winemiller and others (1993) found such network orientation to be a predictor of mental health.

Social support theories – Functional social support

This situational approach rose to prominence in the 1980s, and distinguishes between different types of social support. In their review, Cohen and Wills (1985) divided social support into four main functions: esteem, information/advice, practical help and social companionship. They found the first two had most effect on wellbeing.

Studies have tended to focus on support given or available to the respondent but it is increasingly apparent that support given to others is also important. The principle of reciprocity might be an important element linked to underlying social competence - the ability to initiate and maintain social relationships through pro-social skills and a positive view of others, the world generally, and self - as may the number of relationships providing esteem. One important item of social companionship is a mutual confidante, where there is reciprocal disclosure of intimate details (Berg and Peplau 1982, Berg and Piner 1990). Some parents, however, give more help than they receive (Wiggins and others 2004).

Functional studies suffer certain drawbacks (Pierce and others 1990). They often do not link types of social support to who is providing it nor, often, to what the individual receiver's actual need is. Nor do they take account of how acceptable the support is, which depends on the individual's values and their relationship with the provider.

A1.3.2 Social support theories – General perception of being supported

Empirically, the notion of 'feeling supported' or being satisfied with support generally, have emerged as important in enhancing personal coping and reducing anxiety (Ghate and Hazel 2002). Particularly important seems to be a feeling that one is accepted and loved or cared-for by others, perhaps irrespective of particular support activities given or received (Wiggins and others 2004). Meaning affects everything (Oakley 1992).

Studies showing that a person's sense of feeling supported may stay constant over time despite changes in the composition of his/her social networks, has led some researchers to believe that 'feeling supported' may reflect not so much who is in one's network and what help they can give, as a frame of mind (an 'internal working model') and a set of

skills. Social competence may be a variable underlying both social support and parenting effectiveness, and may be linked with mental health (White and Barrowclough 1998).

A1.4 Role of psychology in parenting

Psychological explanations have resumed some prominence in studies of parenting. As well as playing a key role in coping theory, parental psychology has entered ecological models (Belsky and Vondra 1989, Polansky and others 1985), and social support studies (Duck 1990). Belsky and Vondra (1989) identified parental personality as one of the two key determinants affecting parenting¹. In studies of social support, increasing emphasis has been placed on meaning and perception, as we have seen. While parents may have similar supports potentially available, some do not use them and even if they do, still want more support while others feel supported and parent well (Gill, Tanner and Bland 2000, Polansky and others 1985, Seagull 1987). What matters is not the number of supporters nor the amount of support received, but whether the parent feels support is available, their relationship with the person offering support, and if it is received, how it makes them feel. A power gap can make the receiver of support feel uncomfortable through feeling indebted, dominated or undermined; reciprocity between equals is more comfortable.

Some families do appear to have a whole constellation of problems which renders them high-need. In such cases, psychological explanations are tempting. Researchers have found that abusive parenting is transmitted to approximately one-third of the next generation (Egeland and others 1984, Quinton 1998). One mechanism suggested for this is insecure attachment of the infant to the main carer; it is the child's internalisation of this first relationship that influences their 'internal working model' for future relationships (Crittenden and Ainsworth 1989). Studies have shown that this leads to many disadvantages later in life such as poor school results, low self-esteem, less supportive partnerships, mental illness, poor employment record, criminality, drug abuse and suicide, unless a turnaround is achieved (Bifulco 2001, Daniel, Wassell and Gilligan 1999, Rohner 1986). Such a turnaround can be effected through self-reflection

¹ The other is marital relations, which I would suggest may be associated with parental psychology via the parent's relationship with their mother – see Chapter 11.

Fonagy and others 1994), counselling or therapy, or a turning point such as finding a supportive partner² (Quinton and others 1993).

One study, for instance, linked parental personality with negative attitudes towards support and low social competence, which in turn caused their social isolation and therefore parenting difficulties (Polansky and others 1981, 1985). However Ghate and Hazel (2002) found that negative attitudes towards support were widespread in poor areas, and warned against relying too heavily on psychological explanations, which could echo the deficit approach whereby parents were blamed for their parenting difficulties:

“The hypothesis that unsupported parents (albeit unwittingly) contribute to their situation has been a powerful influence on work on informal social support and parenting, and in many ways continues to set the agenda for understanding how informal networks may operate to support families in need within the community.”
(Ghate and Hazel 2002:161)

However, although Ghate and Hazel (2002) assembled five apparently non-psychological factors to predict how well British parents in poor areas were coping, parental psychology underlay three of these. Apart from the transparent link with mental health, there were indirect ones with child behaviour and family problems.

The role of parental psychology in parenting must therefore be treated with caution. It may be the case that parents' perceptions of support are affected by their 'internal working model'; where this is positive, individuals need less support but are better able to attract it, but where this is negative, individuals need more support yet are less able to attract it. However, other factors are also important, not least poverty, which is the prime predictor of the child abuse rate in an area. Ghate and Hazel's (2002) finding that negative attitudes to support were widespread in poor areas shows how psychology can be influenced by material factors. Inter-relationships between parental psychology and other factors could be a fruitful area of study.

² This was identified in the context of conduct-disordered individuals switching to 'normal' social functioning.

A1.5 Parenting theory – Conclusion

Parenting theory has travelled far since the 1960s, from psychological determinism to material determinism through phenomenology to the active agent model. Along the way, social support has risen in prominence and parental psychology has taken its place alongside other factors, acting as an intervening variable between parents' history and current circumstances, and their parenting behaviour.

The role of psychological factors in parenting, alongside material and social factors, is of interest. In U.S studies, socio-demographic factors have been found to be more closely associated with parenting than personal/family factors (Sargent 1999) whereas the opposite has been found in Australia (Najman and others 2000, Fraser and others 2000), perhaps reflecting a less socially-divided society. Titterton (1989) recommends using both the ecological and active agent models of parenting, to take account both of the constraints of personal, social and material resources while at the same time considering the choices an individual makes, their active role in shaping their own future.

SECTION 2 - BRITISH STUDIES OF PARENTING DIFFICULTY AND SUPPORT NEEDS IN POOR AREAS

A1.6 Introduction

Before planning my interviews, I examined the findings of three British studies of parenting, social support and use of services published in the previous 12 years (Ghate and Hazel 2002, Gibbons 1990, Gill, Tanner and Bland 2000). I drew together their findings on stressors, factors which made parenting in poor areas more difficult - both general ones and those related to social support and service use. The largest study (Ghate and Hazel 2002) also looked at protectors – factors which helped parents cope better, which were often a mirror-image of stressors. These factors informed the questions I included in my questionnaire.

All three studies were carried out at a time when family support was increasingly being used by local authority social services to help parents having problems, and hopefully prevent child neglect and abuse. The studies sought to understand more about how to help parents having difficulty, and addressed such questions as: ‘Do families struggling to cope, lack informal support?’ ‘How useful are the different services offered to families?’ and ‘What sort of help do parents want?’

A1.7 The three parenting studies

The three studies are:

1. Jane Gibbons (1990) *Family Support and Prevention: Studies in Local Areas. Purposes and organisation of preventive work with families*
A study of 503 families, including those referred to social services in two fairly deprived towns compared with a community sample from one of them.
2. Owen Gill, Christine Tanner and Liza Bland (2000) *Family Support. Strengths and pressures in a ‘high risk’ neighbourhood*
A study of 62 families from one poor urban estate, where there was a high rate of child care referrals.

3. Deborah Ghate and Neal Hazel (2001) *Parenting in poor environments: stress, support and coping. Final report to the Department of Health*

A survey of 1,754 families living in a random sample of the 30 per cent poorest Enumeration Districts in Great Britain that were high in 'risk' factors for child maltreatment, such as poverty, unemployment, poor housing and high mobility.

Each study focused on parenting in poor areas and was commissioned by a body interested in child health and welfare policy – the Department of Health (Ghate and Hazel 2001, Gibbons 1990), the Joseph Rowntree Foundation (Gibbons 1990), and Barnardo's (Gill, Tanner and Bland 2000).

All adopted an ecological perspective, analysing parenting according to a range of stress factors they believed to be associated with parenting difficulty. None directly investigated the psychology of the main parent (except the Malaise score, an indicator of mental ill-health) or their social skills. However all three studied parents' use of and need for support. Gill, Tanner and Bland recognised this as of "crucial importance" (2000:20) and of three types - informal (family, friends, neighbours), semi-formal (eg play-groups, drop-ins) and formal (statutory workers such as health visitors, speech therapists, doctors and social workers).

Refusal rates varied from 15 to 27 per cent. In addition, interviewers could not contact some respondents because they were out or did not answer the door.

A1.8 Comparison difficulties

The three studies defined parenting difficulty differently, looked at different factors associated with it, and even where they did look at the same factors, often defined them differently (A1.1). Also they concentrated on different age-groups of children. For Gibbons (1990), the oldest a study child could be was 13, for Gill, Tanner and Bland (2000) seven, and for Ghate and Hazel (2001) 16. However, the comparison is worth making because – despite all these differences – there was much agreement between the studies on what makes parenting difficult.

A1.9 Parenting difficulty

The three studies defined parenting difficulty differently, but there was an overlap (Table A1.1) Gill, Tanner and Bland (2000) defined parenting difficulty objectively as a high score on the Family Problems Questionnaire (FPQ) used by Gibbons (1990). This questionnaire consisted of seven statements, to which parents were invited to agree or disagree:

- I would like some help in getting along better with someone important to me.
- I feel I/we need some help with the job of being parents.
- I find control and discipline of the children is a problem.
- I am really worried about one or more of the children.
- I feel I sometimes need a complete break from the children for a short time.
- I sometimes worry that I will lose control and harm one of the children.

Gibbons (1990) defined parenting difficulty as parents referred to social services; such parents scored an average of 20 on the FPQ measure, compared to parents in the community sample who scored 14. Gill, Tanner and Bland (2000) took 20 as the threshold score for parents having difficulty in their study. Ghate and Hazel (2001) asked parents a global question about how well they felt they were coping with parenthood, a subjective measure. Each study compared parents having difficulty with a ‘community’ sample.

Table A1.1 – Comparison of ‘parenting difficulty’ groups in three British studies

	Three British studies of parents		
	Gibbons (1990)	Gill, Tanner & Bland (2000)	Ghate & Hazel (2001)
How the ‘parenting difficulty’ group compared to full community sample	Social Service referred families	Families with ‘parent-child’ difficulties (scoring 20+ on Family Problem Questionnaire)	Parents reported themselves as not ‘coping well’
Proportion of community sample having parenting difficulty	Not applicable	21%	54%
No. families studied	503	62	1,754

A1.10 Summary of findings from the three British studies

General and support factors were found by the three studies to be associated with parenting difficulty (Table A1.2).

Table A1.2 – Factors associated with ‘Parenting Difficulty’ in three British studies

Factors	Association with ‘parenting difficulty’ - quoting significance level (p) where available ³		
	Gibbons (1990) ⁴	Gill, Tanner & Bland (2000) ⁵	Ghate & Hazel (2001) ⁶
General factors			
1. Socio-economic disadvantage	<0.001	Yes	[<0.05]
2. Malaise of main carer	<0.01	-	<0.0001
3. Current family problems	Yes	Yes	<0.01
4. Lone parent	Yes	Yes	<0.05
5. Geographically-mobile family	Yes	Yes	No
6. More children in the family	Yes	No	<0.001
7. Negative attitudes to neighbourhood	<0.001	-	[<0.05]
8. Accommodation problems	Yes	-	[<0.05]
9. ‘Difficult’ index child	-	-	<0.0001
10. Older mother (over 30)	-	Yes	-
11. Big age gap between oldest and youngest child	-	Yes	-
Support factors			
12. Want more support	<0.0001	Yes	<0.0001
13. Less satisfied with support	<0.0001 ⁷	Yes	-
14. Unsupportive partner	-	-	(<0.001)
15. More conflicted relationships (for 2-parent families)	<0.0001	-	-
16. Less support from family	Yes (incl. partner)	Yes (excls. partner)	-
17. More enacted informal support	No	-	(<0.001)
18. Fewer potential supporters	No	Yes	(<0.001)
19. More negative attitude to support	-	-	(<0.0001)
20. Higher use of formal services	Yes ⁸	Yes ⁹	(<0.0001)
21. Higher use of semi-formal services	-	-	(<0.001)

³ The sign – indicates that a factor’s association with parenting difficulty was not measured in that study.

‘No’ is used to indicate that association was examined but not found to be significant (p<0.05) or clear.

⁴ Gibbons (1990) did not report independence of link when other factors were taken into consideration.

⁵ Gill, Tanner and Bland (2000) did not calculate significance levels because of small sample size.

⁶ Ghate & Hazel (2001) - significance levels are in: [square brackets] when only general factors are considered; (round brackets) when only support factors considered; no brackets when all are considered.

⁷ Satisfaction with support depends on number of instrumental supporters.

⁸ By definition, all Referred parents were in touch with social services.

⁹ 77% of parents having difficulty had been in contact with social services at some time.

In brief, all three studies found the following associated with parenting difficulty:

- poverty
- current family/personal problems (including money, relationship, housing, work, children and alcohol/drug use)
- lone parent
- more use of formal services (eg health visitor, social worker)
- parent wanting more support

Some factors, only measured in two studies, were found by both to be linked to parenting difficulty:

- depressed parent
- parent disliking neighbourhood
- accommodation problems
- less support from family (partner included in one study, excluded in one)
- unsupportive/conflicting partner
- less satisfied with support received

Findings about some variables were more ambivalent. The following were measured by all three studies; two found a link to parenting difficulty but one did not:

geographical mobility
more children in the family
fewer potential (informal) supporters

Factors only measured in one study but found to be strongly associated with parenting difficulty were:

‘difficult’ index child (in terms of behaviour)
big age gap between first and last child.

Overall, the three most significant associations with parenting difficulty ($p < 0.01$ in at least two studies) were the parent being: support-needy, depressed and poor. However,

once support factors were taken into account, the biggest study (Ghate and Hazel 2001) found poverty not to be independently-linked with parenting difficulty, because it was associated with the other factors, but replaced instead by being a lone parent. On the whole, Ghate and Hazel (2001) found general factors to be more powerful indicators of parenting difficulty than support factors.

A1.11 Ghate and Hazel’s ‘Top five’ stressors and protectors in poor environments

The biggest study (Ghate and Hazel 2001), which could carry out more sophisticated statistical testing, identified five key general stressors which strongly and independently increased the risk of parents not coping well, and five key general protectors which increased the chances of parents coping well¹⁰ (Table A1.3). The protectors were the mirror-image of the stressors. The top three stressors each more than doubled a parent’s chances of not coping well; all five were strongly connected to poverty.

Table A1.3 Five key general stressors and protectors affecting how well parents coped (Ghate & Hazel 2001)

Factor	General factors	
	Stressors	Protectors
Child’s behaviour	‘Difficult’	‘Easy’
Family and personal problems score	High	Low
Parent’s mental health	Poor	Normal
Partnership status	Single	Dual
Size of family	3+ children	1-2 children

In addition there was a dose-response effect. Faced with two key stressors, two-thirds of families struggled to cope; faced with four or five stressors, 90% struggled. On the other hand, the chances of coping well nearly doubled with each extra protector.

When support factors were added in, Ghate and Hazel (2001) found two to be particularly important as protectors: how supported a parent felt, and having a large

¹⁰ p <0.0001 in each case except lone parent, where p <0.01.
A1.16

network of supporters (seven or more). The first proved second-strongest of all protectors, displacing dual parent from the top five.

This strong statistical evidence – the strong, independent statistical links and the classic dose-response pattern evident in cumulative risk and protective factors led Ghate and Hazel (2001) to believe they had found the key factors affecting parenting in poor areas.

A1.12 Role of psychological factors in the British studies

Factors such as self-esteem, locus of control, internal working model and social competence, have increasingly been accepted by research in this field as affecting how parents interact with their children and others, and how they cope with the multiple tasks that parenting involves (Chapter 2).

Adopting the ecological approach, Ghate and Hazel (2001) explicitly omitted parental psychology, except for the parent's Malaise score. They acknowledged this gap:

“In not measuring parents' personality, temperament, social competence, past history or a wealth of other individual or circumstantial characteristics we may of course be missing pieces of what is clearly a complex picture.” (2001:162)

But they said that psychological factors may not have been that important anyway because ‘not coping well’ with parenting did not seem to equate with other negative perceptual measures, which could be taken to indicate a generally negative mind-set. On the contrary, they found the explanatory role of the ‘objective’ sociological factors was strong. These authors were keen to avoid the ‘blame-the-parent’ deficit approach formerly prevalent in the pathological model of parenting, where parental psychology was held to be the key factor in child maltreatment.

Despite this stance, there is a psychological component in several of the key stressors and protectors Ghate and Hazel (2001) identified – the child's behaviour, the parent's mental health, and the personal and family problems the parent was dealing with.

For instance, a high Malaise score indicates an elevated risk of depression, which is associated with negative mind-set and low self-esteem. Although Ghate and Hazel did not find that parents coping less well had a negative mind-set, nevertheless they acknowledged that those with a high Malaise score (one of the five main contributors to

not coping well) may well have done so “through the sense of helplessness characteristic of depression” (Ghate and Hazel 2001:162). These authors also found that high Malaise was the factor most strongly linked with having a ‘difficult’ child, another of their five key stressors. Parental psychology would therefore seem to be strongly implicated in two of the key stressors. Gibbons found that high-Malaise parents had more conflicted relationships than others. A high Malaise score seemed to be linked with a variety of inter-personal difficulties, which also made parenting more difficult.

In a similar vein, although social service clients (Gibbons’ ‘parenting difficulty’ group) had similar-sized support networks to ‘community’ parents¹¹, they felt more isolated and worse-supported. Gibbons (1990) found that these parents were four times as likely to have conflicted relationships with their own parents. This points to a history of interpersonal difficulties, perhaps stemming from their relationship with their parents.

Ghate and Hazel (2001) also found high Malaise (and ‘difficult’ child) was associated with the level of family problems, another of the key stressors for parenting, as did Gibbons (1990). As well as debt, such problems included partner problems and experience of past or present abuse, which could indicate underlying psychological difficulties. Psychological health of the parent then both directly and distally affected a parent’s coping ability.

Geographical mobility was found to be associated with parenting difficulty by Gibbons (1990) and Gill, Tanner and Bland (2000). Although this might simply be thought to relate to parents taking time to establish a new support network and find out about formal and semi-formal services in the area, research has shown there can be a psychological dimension. Apart from the major stress of moving house, mobile families were more likely to have psychosocial problems and children ‘at risk’ (Richardson and Corbishley 1999). Typically they had left home and/or school at a young age and had some unaddressed trauma from childhood. Looking behind an apparently geographic variable can expose psychological seams, like coal beneath a grassy hillside.

Wanting more support was found in all three studies to be associated with parenting difficulty, yet helping such parents did not seem to be simply a case of filling their

¹¹ Those who had not been referred to social services.

support gap. Some parents finding it difficult to cope did not want more support; they may simply have wanted more money or placed a higher value on self-reliance. However, the support-needy already received more help than others (disproving the earlier theory that they were unable to elicit it) and still wanted more; in fact the proportion coping well dropped as the amount of support increased (Ghate and Hazel 2001). Either this could indicate high-need families, on the basis of 'objective' stressors, who still needed more help and were suffering the 'costs' of receiving help, or it could point to an underlying psychological factor which increased parents' needs and at the same time reduced their ability to cope.

Similarly, it could have been that parents coping well were more psychologically robust as well as advantaged in other ways. Ghate and Hazel (2001) found they had more support available but seldom used it.

It may be that an underlying factor like lack of self-esteem, self-efficacy or self-reliance was linked with a parent's difficulty in coping, high Malaise, having conflicted or unsupportive relationships with natal family, partner and children, and high problem levels and support needs.

Although Ghate and Hazel's determination to avoid the 'blame-psychology' approach is understandable, they may have underestimated the importance of some psychological factors underlying the risk factors they enumerate.

A1.13 Role of poverty and the neighbourhood in British studies

Whilst forensically examining the individual and household factors associated with parenting difficulty, it should not be forgotten that a major and catalytic factor was systemic – poverty and a poor living environment. The Government has acknowledged this (Department of Health 2000). Some have maintained that raising children in an unpleasant, dangerous neighbourhood (as many are in terms of crime and lack of safe places for children to play and walk) is 'institutional abuse' of children (Gill 1992).

It could be considered normal to find parenting difficult in adverse circumstances with few resources:

"Material poverty underpinned so many other risk factors in this study that our data suggested lifting the very poorest families out of this situation could have a knock-on effect on a wide range of other adverse life circumstances." (Ghate & Hazel 2001:187)

A1.14 Role of grandparents in British studies

Grandparents can be a key resource in poor areas, particularly for families with young children. If the relationship is good, it can be drawn on deeply and often for practical and emotional support. There is less need for such help to be repaid, as with friends, less worry about one's private affairs being gossiped about and less stigma in having to seek help outside the family. However there is more fear of being criticised or undermined than by a friend.

The parent's mother was named by Gill, Tanner and Bland (2000) as the main source of all types of support except confidante. They provided most of the emotional and childcare support to parents and acted as information gatekeepers, advising parents when to seek help from other sources (2000). Ghate and Hazel (2001) noted that parents with young children, who had higher instrumental support needs, relied more on extended family for support, particularly grandparents. Extended family living nearby could provide a strong sense of reliable support.

Parents having difficulty received less help from their parents, the children's grandparents, only calling on them half as often for childcare, practical help and relationship advice (Gill, Tanner and Bland 1990).

A1.14.1 'Grandmother gap' – Geographical or emotional?

Gill, Tanner and Bland drew attention to a phenomenon which I term the 'grandmother gap':

"Also our data suggests (sic) a clear association between family difficulty and lack of proximity of the parents' own parents." (Gill, Tanner & Bland 2000:116)

They found that parents having difficulty were far less likely to have their mother living within 10 minutes' travel time (only 14% did, compared to 41% of parents not having difficulty). Although Gibbons (1990) found that social service clients were as likely to have kin living close by and see them as often, they were four times as likely to have conflicted relationships with their parents as 'community' parents¹². They also used them much less for support.

¹² They were also around twice as likely to experience conflict with their partners and children (Gibbons 1990).

It would seem that there can be two types of 'grandmother gap' – geographical and emotional. The advantages of seeking help from a grandmother were outlined in the last section. But if warm help is not available because the grandmother is high-need, or because there is a conflicted relationship, then that can leave a large hole in a parent's support system. It is not so easy to ask friends for such frequent and wide-ranging help, and there is more of an obligation to repay it.

A1.15 Role of support in British studies

David Quinton (2004) has usefully reviewed the findings of a series of studies funded by the Department of Health about supporting parents (including Ghate and Hazel 2002), laying solid foundations for future work on this subject. Whether informal, semi-formal or formal support is considered, "relationships are at the heart of support" (Quinton 2004:28).

One underlying principle he found was that the relationship between giver and receiver of support is crucial; what one wishes to give may not be what the other desires, and 'support' may be given in such a way that it undermines or empowers the receiver:

"Although the degree of intimacy in relationships within the social circle and with service providers is obviously different, support from either source needs to be given in a way that does not make people feel vulnerable, small or obligated. If 'support' does not have these features it is, simply, not 'supportive'." (Quinton 2004:78)

Quinton (2004) characterised support generally in the following ways:

- Real 'support' enhances the receiver's self-esteem, making them feel good about themselves, their abilities and decisions.
- The relationship between the giver and receiver is critical to whether the aid received feels 'supportive'.
- The process of providing support is as important as what was offered, in terms of whether parents felt empowered or undermined.
- Parents needed to feel in control when they were addressing parenting problems. "Support means that you are still in charge." (Quinton 2004:190)

Parents who were coping well were getting less support from family, friends and services than parents who were not.

A1.16 Conclusion - Factors associated with parenting difficulty in the three British studies

Overall, the three factors associated most significantly with parenting difficulty ($p < 0.01$ in at least two of the three British studies) were the parent being: support-needy, depressed and poor. In addition I also examined how the studies covered three specific issues in relation to parenting: the role of poverty, psychological factors and grandmothers. Poverty is widely-acknowledged as making parenting more difficult (Holman 1980). Parental psychology and mental health appeared to play an important role, high Malaise being linked with a history of interpersonal difficulties and conflicted relationships (Gibbons 1990), more family problems (Ghate and Hazel 2002, Gibbons 1990) and higher support needs (Ghate and Hazel 2002, Gibbons 1990, Gill, Tanner and Bland 2000) despite receipt of more informal support (Ghate and Hazel 2002).

Parents' own parents could be a key source of instrumental support (Ghate and Hazel 2002, Gill, Tanner and Bland 2000). Parents having difficulty received half the amount of help from their children's grandparents as those coping better (Gill, Tanner and Bland 2000). This may have been because their mother was less likely to live close by - within 10 minutes' travel distance (Gill, Tanner and Bland 2000). However Gibbons (1990) found that parents having difficulty (clients referred to social services) were as likely to live close to and be seen as often by their own parents, but because the relationship was more likely to be conflicted, received much less support. It would seem therefore that there can be two types of 'grandmother gap' in parents' support systems - geographical and emotional. If warm help is available from the parent's own mother (and it usually is the mother that gives help rather than the father), this can be widely drawn on without a need to reciprocate. However, if warm help is not available, because the grandmother is high-need or there is a conflicted relationship, this can leave a large hole in the parent's support system. It is not so easy to ask friends for such frequent and wide-ranging help and there is more of an obligation to repay it.

Appendix 2 – Main Questionnaire

MAIN QUESTIONNAIRE

Question Sources

These are denoted, wherever possible, in the far left margin of the questionnaire.

Alspac - Avon Longitudinal Study of Parents and Children

Barn's = 'Social Networks and Family Support' questionnaire as used by Owen Gill, Christine Tanner & Liza Bland (2000) 'Social Networks and Family Support' Ilford: Barnardo's.

EF = Elaine Farmer's suggested questions (January 2002)

FCQ = Foster Carers' Questionnaire

G = States of Guernsey Survey of Living Standards (2001) - Townsend Centre for International Poverty Research, University of Bristol.

Gib = Jane Gibbons "Family Support and Prevention" (1990) questionnaire

Gib = Jane Gibbons et al (1995) 'Development after Physical Abuse in Early Childhood' London: HMSO

STAR1 = MORI Survey for Sure Start in Study Area in January 2000 (many questions from ALSPAC - Avon Longitudinal Study of Parents and Children).

HV = Health Visitor public health data collection (2001) United Bristol Healthcare NHS Trust.

Nowicki & Strickland = S. Nowicki and B.R. Strickland (1973) "A Locus of Control Scale for Children" Journal of Consulting and Clinical Psychology 40 (1) pp 148-154.

NSSI = National Sure Start Impact Study - pilot Parent Interview, adapted from Child of the New Century Millennium Cohort Study Pilot 1. National Centre for Social Research, London (2001).

PPE = Deborah Ghate & Neal Hazel 'Parenting in Poor Environments: Stress, Support and Coping' (2001 unpublished report to Department of Health) Policy Research Bureau, London.

R is used to denote "Respondent" in coding tables.

X is used to denote Index Child.

* = my own questions

Sue Jones
July 2003

A Name (inc. title) _____

B Address _____

C Postcode _____

Area (fill in after)
(deleted area)1
(deleted area)2
(deleted area)3
(deleted area)4
(deleted area)5

D Telephone No.
No. (landline) _____
No. (mobile) _____

E Age of selected child in survey

Date of birth

Born Dec. 1 1999 – Feb. 28 2000 1
Born Sept. 1 – Nov. 30 1999 2
Born June 1 – August 31 1999 3
Born March 1 - May 31 1999 4

F Date of interview: □ □ / □ □ / 03

Time interview started:
am
aft (pre 6pm)
evng(post 6pm)

Length of interview:
< 30 mins.....1
30-59 mins.....2
60-89 mins.....3
90 mins+4

SerialNo

AREA

FEEDBACK

XDoB

STRTIME

IVWLNGTH

Good morning/afternoon. I'm Sue Jones, a research student from Bristol University. This is my card. (SHOW I.D.CARD) I wrote to you recently asking if I could come and talk to you.

Do you remember being interviewed a couple of years ago, at the beginning of 2000? You said it would be alright then if the University did a follow-up interview. That's what this is. I'm trying to find out what being a parent is like in this area – what help you'd like, what services you use, and whether this affects how well children do at school.

All the information I collect will be kept in strictest confidence and only used for research. It won't be possible to identify any particular person, family or address in the results. The only situation in which I might have to give information to someone else is if I thought a child was in danger.

IF A TIME HAS NOT BEEN ARRANGED FOR THE INTERVIEW BEFOREHAND. The interview will take over an hour. I can do it now or can come back at a better time for you.

I can offer £10 for the interview, to make up for the time you lose.

Remember, you're in control. If there are any questions you don't want to answer, just tell me. Alright?

I agree to be interviewed by Sue Jones, of Bristol University.

I understand that:

- the information I give will be kept in strictest confidence, and only used for research.
- it won't be possible to identify any particular parent, child, family or address in the results.
- the only reason why information might have to be passed to someone else would be if a child were believed to be in danger.

Signature: ----- Date: _____

HOUSEHOLD

I'd like to ask you about the people who live here regularly.

STAR1 Q1. How many people are there regularly living here – that includes yourself, any other adults and children, including babies?
'REGULARLY' MEANS 3 NIGHTS A WEEK OR MORE.

1 2 3 4 5 6 7 8 _____

(IF MORE THAN 9, CODE "9" AND WRITE IN BOXES)

Now I'm going to ask you some questions about each of these people, starting with yourself.

WRITE IN RESPONDENT AS PERSON NUMBER 1. IF RESPONDENT HAS PARTNER/SPOUSE IN HOUSEHOLD WRITE IN AS PERSON NUMBER 2.



[A] ABOUT YOURSELF AND YOUR HOUSEHOLD

GRID-G Q.2 [Please code details of each adult, child and baby regularly living in the household – starting with the respondent] “regularly” means 3 nights a week or more.

	2a)	2b)	2c)	2d)	2e)	2f)
Person No	First names of household members?	Sex? 1 Male 2 Female	Age? [Showcard A] 0-17 exact age 1 0-1 2 2-3 3 4 4 5 5 6-10 6 11-15 10 16 11 17 12 18-20 13 21-25 14 26-30 15 31-40 16 41-50 20 51-60 21 61-65 22 66-74 23 75+ 9 Don't know 7 Refused Code/ Exact	Relationship to respondent [Showcard B] 1. Spouse 2. Cohabitee 3 Son/daughter (natural) 4. Son/daughter (adopted) 5. Stepson/daughter 6. Foster child 10. Son-in-law/daughter-in-law 11. Parent/guardian 12. Step-parent 13. Foster parent 14. Parent-in-law 15. Brother/sister 16. Step-brother/sister 14. Foster Brother/ sister 15. Bro/sistr-in-law 16. Grandchild 17. Grandparent 18. Other relative 19. Other non-relative Respondent	Relationship to current partner (live-in only) [Showcard B] 1. Spouse 2. Cohabitee 3 Son/daughter (natural) 4. Son/daughter (adopted) 5. Stepson/daughter 6. Foster child 7. Son-in-law/daughter-in-law 8. Parent/guardian 9. Step-parent 10. Foster parent 11. Parent-in-law 12. Brother/sister 13. Step-brother/sister 14. Foster Brother/ sister 15. Bro/sistr-in-law 16. Grandchild 17. Grandparent 18. Other relative 19. Other non-relative	Ethnic Group? [Showcard C] <u>White</u> 1. British/Irish 2. Other <u>Black</u> 3.Black African 4.Black Caribbean <u>Dual Heritage</u> 5. White & Black Caribbean 6. White & Black African 10. White & Asian 11. Any other dual heritage <u>Asian/Asian Brit.</u> 12. Asian 13. Asian British 14. Chinese 15. Other 9.Don't know 7. Refused
1						
2						
3						
4						
5						
6						
7						

ETHNIC
GP =
CNDNSD
STAR

FILL IN AFTERWARDS

PPE Total Number of Children (Under 17) _____

ChiU17

☐

Total Number of Children (Under 5) _____

ChiU5

☐

Total Number of Children (Under 4) _____

ChiU4

☐

STAR1 Total Number of Children (16 and older) _____

ChiO15

☐

Total Number of Children (under 16) _____

ChiU16

☐

ChiX1st

☐

Is X first child? No = 0 Yes = 1

PARTNER STATUS

STAR1 Q.17 ASK ALL

SHOWCARD H From this card, which of these describes your living situation?
Just read out the letter that applies. SINGLE CODE ONLY

Single

1 MarStats

Gibb?

Single, with regular partner/boyfriend/girlfriend

3

Living as a couple, not married (3 nts/wk+)

4

Living as a couple, married

5

Refused

7

☐

ASK THOSE WHO ANSWERED 3/4/5 TO LAST QUESTION:

STAR1 Q.18-i And how long have you been in this relationship? FOR MARRIED COUPLES,
INCLUDE TIME BEFORE THEY WERE MARRIED.

Less than 1 year 1

1-2 years 2

3-4 years 3

5-6 years 4

7-9 years 5

10-15 years 6

Over 15 years 10

Don't know/can't remember 9

Refused 7

RelpLgth

☐

PPE Q.18-ii ASK THOSE WHO ANSWERED 1/2/3 TO Q 17:

How long have you been on your own with the children?

Never – always lived with adult relative/friend 0

Less than 1 year 1

1-3 years 2

4-6 years 3

7-9 years 4

10-15 years 5

Over 15 years 6

Don't know/Can't remember 9

Refused 7

LoneCare

☐

Barn's Q.19 Do you have any children under 17 (PPE) who are not living with you?
(i.e. 0-2 nights a week)

PPE	Yes – under 17	1	ChiAway
STAR1	Yes – under 16	2	<input type="checkbox"/>
	No	0	
	Refused	7	

ASK IF YES: SHOWCARD

Q.20 Can you tell me how old they are and who they live with?

Age

Living with R's previous partner/ own natural parent	1	1	1	1
Living with R's relatives, not in care	2	2	2	2
Living with other parent's relatives – not in care	3	3	3	3
In care – with relatives	4	4	4	4
In care – not with relatives	5	5	5	5
Other	6	6	6	6
Refused	7	7	7	7

WHERE RESPONDENT IS FEMALE:

• Q.21i How old were you when your oldest child was born? _____ Age1Born ☐

• Q.22 Age of mother when (INDEX CHILD) was born? _____ AgeXBorn ☐

FILL IN AFTER INTERVIEW:

Barn's Q.23 Age gap between your youngest and oldest child? _____ years AgeGap ☐

EMPLOYMENT

Everyone should answer Q.3-Q.5. However only those with a resident partner at Q.2 should be asked about their partner.

Q.3 SHOWCARD D. Which of these applies to you (and your partner)? Code for both respondent and partner living in household (where applicable) single code only.

PPE

(f-)

30+ hours)

	Respondent	Partner in h/h	
Working			
Full-time (30+ hours weekly)	1	1	
Part-time (24-29 hrs)	2	2	WorkResp
Part-time (10-23 hrs)	3	3	
Part-time (under 10 hrs)	4	4	<input type="checkbox"/>
Govt. Training Scheme	5	5	
Unemployed:			
Registered (Job Seeker's Allowance)	6	6	
Not registered, but seeking work	10	10	
At home/looking after family	11	11	WorkPart
Long-term sick	12	12	
Full-time student	13	13	<input type="checkbox"/>
Fully retired	14	14	
Other (write in and code X)	15	15	
Refused	7	7	
Don't know	9	9	
Not applicable	8	8	

- * **Q? WHERE APPROPRIATE:**
- Do you enjoy your work, overall? Overall, resp enjoys work 1 LikeWKR
 Overall, resp doesn't enjoy work 2 ☐
 Resp not working 8
 Don't know 9
- Does your partner enjoy his/her work, overall?
 Overall, partner enjoys work 1 LikeWkP
 Overall, partner doesn't enjoy work 2 ☐
 Partner not working 8
 Don't know 9

STAR1 Q.6a ASK ALL:
 Who in your household has the highest income - whether from work, pensions, state benefits, investments or anything else?

CIRCLE Chief Income Earner PERSON NUMBER BELOW CIEwho
 1 2 3 4 5 6 7 8 ☐

Current or last occupation of CIE (PROBE FOR PENSION)

Position/rank and grade _____

Industry/type of company _____

Qualifications/degrees/apprenticeships _____

No. staff responsible for _____

Fill in later: HOUSEHOLD'S SOCIAL CLASS

CIEclass

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

IF CIE IS NOT RESPONDENT, ASK RESPONDENT Q 7-8:
Q.7 What is your current or last job? (where more than one, that which brings in most income) If last job, when did it finish? _____

Position/rank and grade _____

Industry/type of company _____

Qualifications/degrees/apprenticeships _____

No. staff responsible for _____

Fill in later: *RESPONDENT'S SOCIAL CLASS* RespClas
A B C1 C2 D E 7-Refsd, 8-N/A not wkld
(1) (2) (3) (4) (5) (6) 9 – not known ☐

Q. In the family you were born into, what was the best job your mother or father did for a year or more? _____

Position/rank and grade _____

Industry/type of company _____

(Highest) qualfn/degrees/apprenticeships _____ RespFOEdc ☐

No. staff responsible for _____

Fill in later: *RESPONDENT'S FAMILY OF ORIGIN SOCIAL CLASS* RespFOClas
A B C1 C2 D E 7-Refsd
(1) (2) (3) (4) (5) (6) 9 – not known ☐

EDUCATION

ASK ALL
Q.24a How old were you when you left school? _____

Left at minimum age 1 LeftScl
Stayed on 2 ☐

Q.25 What's the highest qualification you've got?

ASK THOSE WITH LIVE-IN PARTNER:
Q.26 And can you tell me what's the highest qualification your partner has got?

SINGLE CODE EACH FOR RESPONDENT AND PARTNER

		Respondent	Live-in Partner	
A	No qualifications	1	1	QualResp
B	CSE, O Level, GCSE	2	2	
C	A Level or equivalent (NVQ3)	3	3	<input type="checkbox"/>
D	Qualifications in shorthand, typing, other skills/vocational qualifications such as hairdressing 1 & 2.	4	4	
E	Apprenticeship	5	5	
F	BTEC, City & Guilds	6	6	QualPart
G	University degree (BA,BSc,BEd)	10	10	
H	Masters/PhD or equivalent	11	11	<input type="checkbox"/>
I	Still studying	12	12	
	Other (WRITE IN)			

DK 9

Main Questionnaire – 9

Q.27 Since X was born, have you attended any courses at all – evening classes, daytime courses, workshops, family learning or taster courses?

	Courses
Yes – more than 2	1 <input type="checkbox"/>
Yes – 1 or 2	2 <input type="checkbox"/>
No	0

IF YES: What were they?

HOUSING

Q.9a Do you own or rent your home?
IF RENT Is that from the Council, a housing association or a private landlord?

Owner-occupier (with/without mortgage)	1	Tenure
Renting from:		
Council	2	<input type="checkbox"/>
Housing Association	3	
Private Landlord	4	
Other (WRITE IN)	5	

Q.9b Is it a house or flat?
Gill 1992

House	1	HseFlat
Flat	2	<input type="checkbox"/>

Q.10 How many rooms do you have in your home – counting a kitchen/diner but not counting the kitchen, bathroom, toilet, hall, landing, garage? _____ RoomNo

Q.11 SHOWCARD E Do you have any of the following problems with your accommodation?
(TICK ALL THAT APPLY)

G	Too little space	1	HsgProb1
G	Too dark, not enough light	2	
PPE	Not enough heating in bedrooms/living room in winter	3	<input type="checkbox"/>
PPE	Water leaking through roof, doors, windows	4	
PPE	Faulty electrical wiring/plumbing	5	HsgProb2
PPE	Damp, or wet or dry rot	6	
PPE	Condensation	10	<input type="checkbox"/>
PPE	Infestation by insects, mice or rats	11	HsgProb3
G	No place to sit outside eg terrace/garden	12	
?	No place for young child to play safely outside	13	<input type="checkbox"/>
	Other	14	
			HsgPrbNo
			<input type="checkbox"/>
	Total no. problems _____		
	None of these problems	0	
	N/A (if only one problem)	8	

Q.12 How satisfied are you with your home?
STAR1 SHOWCARD F

Very satisfied	1	
Fairly satisfied	2	HsgStsfn
Neither satisfied nor unsatisfied	3	
Fairly satisfied	4	<input type="checkbox"/>

• Q.13 Do you want to move from this house/flat, or from the area?

- Yes, from this house/flat and from (study) area
- Yes, from this house/flat but stay in (study) area
- No
- 1 HsgMove
- 2 ☐
- 3

FACILITIES

NSSI

PPE

Q.16 SHOWCARD G Which of the things on this card do you have use of at home?

	Yes	No	
a) Washing machine	1	2	Phone (b/c)
b) Mobile phone	1	2	<input type="checkbox"/>
c) Fixed phone	1	2	ChiTV
d) TV	1	2	<input type="checkbox"/>
e) TV in X's bedroom	1	2	
f) Computer	1	2	
g) Internet	1	2	
Total no. these facilities (incl. b/c) _____			FaciltyNo
			<input type="checkbox"/>
Refused	7		

NEIGHBOURHOOD

STAR1 Q.39 How long have you lived in this neighbourhood altogether (ie study area)?

IF UNSURE, PROBE FOR BEST ESTIMATE SINGLE CODE ONLY

- 1-5 years
- 6-10 years
- Over 10 years
- All/practically all my life
- Don't know/can't remember
- 1
- 2
- 3
- 4
- 9
- STARlong
- ☐

(STAR1) Q.40 How many times have you moved in the last 5 years altogether – since 1998?

RECORD YEARS

1998	1999	2000	2001	2002	2003
Complete afterwards:		Two yrs	Five yrs	Move2yrs	
Once		1	1	<input type="checkbox"/>	
Twice		2	2		
Three times		3	3		
Four times or more		4	4	Move5yrs	
Not moved/None		5	5	<input type="checkbox"/>	
Don't know/can't remember		6	6		

Q.41 Thinking about your neighbours (people living within a couple of minutes' walk of your home), how friendly do you find them?

NSSI

PPE

FRIENDLY

Very friendly

Friendly

Unfriendly

Very unfriendly

1

2

3

4

NbrFrdly

☐

PPR Q.44 Do you know any of them (your neighbours) personally - you know their names and stop and talk to them every once in a while?
IF YES: Do you know a lot of your neighbours or just one or two?

Yes – a lot	1	NbrsKnow
Yes – just one or two	2	<input type="checkbox"/>
No	3	

STAR1 Q.45 How good or bad would you say this neighbourhood is as a place to bring up children under 4? SINGLE CODE ONLY

Very good	1	
Good	2	STARforch
About half and half	3	<input type="checkbox"/>
Fairly poor	4	
Very poor	5	
No opinion	6	

STAR1 Q.46a) Why do you say that? DO NOT PROMPT. PROBE & CODE BELOW.
STARgd1 MULTICODE OK.

Good:		
Good play facilities	1	
Good school/s	2	
Childcare facilities available	3	<input type="checkbox"/>
Lots of open space	4	
Not too much traffic/away from main roads	5	

Nice/friendly people	6	<input type="checkbox"/>
Pre-school groups	10	
No problems here		
Other (WRITE IN & CODE)		

Bad:

Poor play facilities	1	<input type="checkbox"/>
Poor schools	2	
Childcare facilities not available	3	
Nothing for them to do	4	

Too much traffic	5	<input type="checkbox"/>
Gangs of teenagers/youths on estate	6	
Drug-dealing on estate	10	

Too much vandalism/crime	11	<input type="checkbox"/>
No job prospects	12	
High rise blocks/bad layout	13 DK 9	
Unsafe for children	14 N/A 8	
Other (WRITE IN)		

STARlike Q. ?? Overall, do you like living in this neighbourhood?

Yes 2
No 0
Mixed feelings 1

☐

HEALTH

STAR1 Q.33 SHOWCARD I Which of these would you say describes your health now? Single code only.

Fit and well 1
Mostly well and healthy 2
Often feel unwell 3
Hardly ever feel well 4
Don't know 9
Refused 7

HealthR

☐

SELF-COMPLETION

STAR1 Q.34a Now thinking about your health over the past three months. READ OUT A)-X). SINGLE CODE ONLY ON EACH LINE. (0-7YES = 1, 8-24YES = 2) GHQR

(or self completion
as PPE)

	Yes	No
a) Do you often have backache?	1	0
b) Do you feel tired most of the time?	1	0
c) Do you often feel miserable or depressed?	1	0
d) Do you often have bad headaches?	1	0
e) Do you often get worried about things?	1	0
f) Do you usually have great difficulty in falling asleep or staying asleep?	1	0
g) Do you usually wake up unnecessarily early in the morning?	1	0
h) Do you wear yourself out worrying about your health?	1	0
i) Do you often get into a violent rage?	1	0
j) Do people often annoy and irritate you?	1	0
k) Have you at times had a twitching of the face, head or shoulders?	1	0
l) Do you often suddenly become scared for no good reason?	1	0
m) Are you scared to be alone when there are no friends near you?	1	0
n) Are you easily upset or irritated?	1	0
o) Are you frightened of going out alone or of meeting people?	1	0
p) Are you constantly keyed up and jittery?	1	0
q) Do you suffer from indigestion?	1	0
r) Do you suffer from an upset stomach?	1	0
s) Is your appetite poor?	1	0
t) Does every little thing get on your nerves and wear you out?	1	0
u) Does your heart often race like mad?	1	0
v) Do you often have bad pains in your eyes?	1	0
w) Are you troubled by rheumatism or fibrositis?	1	0
x) Have you ever had a nervous breakdown?	1	0

☐

Main Questionnaire – 13

Duck (1990) Q.34b

Do you often feel lonely?

1

0

☐

?

Would you describe your childhood as happy?

1

0

HpyChild
☐

STAR1 Q.35 SELF-COMPLETION OR SHOWCARD J Have you suffered from any of these in the last three months? Just read out the letter/s of any that apply MULTICODE OK.

a)

Asthma/wheezing

1

b)

Skin problems/eczema

2

c)

Problems with your periods/gynaecological problems

3

d)

Problems with a pregnancy

4

7PPE

e)

Problems connected with arms, legs, hands, feet, neck or back (incl. arthritis rheumatism)

5

f)

Any other health problems (WRITE IN, CODE '6')

6

Total no. above health problems

None of the above

Don't know

9

NoHProbs
☐

PPE Q.36 Do any of these health problems or disabilities have an effect on your daily activities, or the work that you can do? IF YES, PROBE: Do they have an effect on this all or most of the time, or only some of the time?

Yes, all or most of the time

2

Yes, some of the time

1

HEffects
☐

No, never

0

Don't know/can't say

9

PPE Q.37 Do any of these health problems or disabilities have an effect on caring for or doing things with your child (children)?

Yes, all or most of the time

2

Yes, some of the time

1

HEffChi
☐

No, never

0

Don't know/can't say

9

CARE

STAR1 Q.28 ASK ALL:
PPE (>6 MONTHS) Does anyone else in your household have any long-term illness (> 6 months), health problems or disability which limits daily activities or the work they can do, including any problems due to old age? MULTICODE OK

Yes:

(Code from before - Respondent

1)

Other adult (16+) household members

2

Child (<16) household members

3

Respondent & adult in household

4

Respondent & child in household

5

Respondent & child & adult in household

6

OthsHPrb
☐

No

0

DK

9

N/A 8

Q.29 IF YES FOR SOMEONE OTHER THAN RESPONDENT:**Does this mean you have to spend more time looking after him/her/them?****IF YES:****How much extra time is this altogether each week?****Yes:**

1-7 hours	1
8-13 hours	2
14-20 hours	3
21 hours +	4

XTmCare

No	0
Not applicable	8

☐**(PPE) Q.30 Is there anybody else outside the household you help to look after – either paid or not paid? (not covered in employment question)****Yes:**

Child/ren in respondent's own home	1
Child/ren elsewhere	2
Adult in respondent's own home	3
Adult elsewhere	4
Other	5

LookAfr

No	0
----	---

Refused	7
---------	---

☐**7PPE Q.31 IF YES:
Roughly, how many hours a week do you spend doing this?**

Less than 2 hours	1
2-5 hours	2
6-10 hours	3
11-20 hours	4
21 hours	5

HrsLkAfr

Weekly but varies too much to say 6

Less often _____ ?

Refused 7

Not applicable 8

☐**PPE Q.32 IF YES TO Q.29 OR 30:
Does caring for this person/these people affect the things you can do with your child/any of your children?**

CrgAfChi

Yes	1
No	0
N/A	8

☐

INDEX CHILD

Q. 50 Thinking back to when (INDEX CHILD) was a baby, how much did s/he weigh when s/he was born? _____ lbs/gms

Under 2 lbs	1	
2 lbs up to 4	2	XBrthWt
4 lbs up to 6	3	<input type="checkbox"/>
6 lbs up to 8	4	
8 lbs up to 10	5	
10 lbs or over	6	
Not recorded	9	

NSSI Q.53 Thinking back to when you were pregnant with (THIS CHILD), how did you feel about the prospect of having this baby?

SHOWCARD F

Very happy	4	
Quite happy	3	HapyPreg
Not very happy	2	<input type="checkbox"/>
Very unhappy	1	

ICQ from Q.54 When (CHILD) was a baby, what s/he was like?
FPB SHOWCARD K (5-point agree/disagree scale)

Cuddly and quiet	- - - - -	easily upset/difficult to soothe	
Cried or screamed a lot	- - - - -	hardly ever cried or screamed	ICQreX
Slept a lot	- - - - -	slept very little	<input type="checkbox"/>
Ate well	- - - - -	fussy with food	
Generally very demanding	- - - - -	generally very undemanding	

Q. ?? Had you had any experience of looking after babies before X was born?
IF YES: A lot or a little?

Yes - a lot	2	BabyExpc
Yes - a little	1	<input type="checkbox"/>
No - none or hardly any	0	

Q.55 Taking everything into account, how easy or difficult would your baby have been for the average mother?

Very difficult	1	
Quite difficult	2	EasvBaby
Quite easy	3	<input type="checkbox"/>
Very easy	4	

Q.57 Thinking back to the time of the last interview, in January 2000, did you have a partner then? IF YES: How supportive was your partner then?

No partner then	0	
Very supportive	1	Sptv2000
Fairly supportive	2	<input type="checkbox"/>
Fairly unsupportive	3	
Very unsupportive	4	

Q.93 REMIND RESPONDENT WE ARE STILL TALKING ABOUT THE SELECTED CHILD.

SHOWCARD. Have there been any problems with any of these aspects of your child's growth and development? MULTICODE OK

Yes, I have been worried about her/his:

Speech

1

WorsXWht

Weight

2

11

Height

3

Behaviour

4

General development

5

*** Walking**

6

* Hearing

* Learning ability

* Sleeping

- **Eating**

??Other

No, not worried about any of these

?

WordsXNo

Don't know

9

1

?Q. ?? Did you see/ consult anybody, other than friends or family, about this?
IF YES: Who?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CHILD HEALTH

STAR1 Q.66 SHOWCARD (R) How would you assess the health of your child generally over the past year?

- | | | |
|-----------------------------------|---|--------------------------|
| Very healthy | 1 | XHealth |
| Healthy, but a few minor problems | 2 | <input type="checkbox"/> |
| Sometimes quite ill | 3 | |
| Almost always unwell | 4 | |

IF 'quite ill' or 'almost always unwell' answered to last question:

* Q ?? What was the main health problem?

Q ?? Has X ever had a serious illness, or stayed in hospital for one or more nights?

- | | | | |
|------------------------------|---|-----------------|--------------------------|
| Yes - & hospital stay/s | 1 | No. nights ____ | XHosp |
| Yes - but no hospital stay/s | 2 | | <input type="checkbox"/> |
| No | 3 | | XYHosp |

IF YES: What was the problem? (esp. accident/injury, gastrointestinal, respiratory - asthma,croup,pneumonia)

☐

STAR1 Q.72 ASK ALL

Has your child ever needed treatment at a hospital casualty department?
How many times? SINGLE CODE ONLY.

- | | | |
|---------------------------|---|--------------------------|
| Yes - once | 1 | XCaslty |
| Yes- twice | 2 | <input type="checkbox"/> |
| Yes - three or more times | 3 | |
| No | 4 | |
| Don't know/can't remember | 9 | |
| Refused | 7 | |

Go TO Q.75

STAR1 Q.74 Why have you ever taken your child to casualty? *DO NOT PROMPT. PROBE FULLY. MULTICODE OK.*

- | | | |
|---|---|--------------------------|
| Accident/injury (broken limb, fractured skull, cuts, bruises, burns, poisoning) | 1 | |
| Respiratory problems (eg asthma, croup, pneumonia) | 2 | WhyCas1 |
| Gastro intestinal (vomiting, diarrhoea, blood in stools) | 3 | <input type="checkbox"/> |
| Heart problems | 4 | |
| High temperature/fever | 5 | WhyCas2 |
| Convulsions | 6 | <input type="checkbox"/> |
| Ear/nose/throat problems | | |
| Eye problems | | |
| Rash/skin | | |
| Other (WRITE IN & CODE "0") | | WhyCas3 |
| <hr/> | | |
| None of these | 0 | <input type="checkbox"/> |
| Don't know/can't remember | 9 | |
| Not applicable | 8 | |

PEE Q.84 CHILDREN'S QUESTIONNAIRES

These are some questions about [CHILD'S] health, development and behaviour which you may find easier to answer yourself. For each question, please circle the number or tick the box which best describes your child's behaviour in general. If you need any help, please ask.

PEE Q.85 GIVE BOOKLET (GOODMAN'S STRENGTHS & DIFFICULTIES) AND CODE

- | | | | |
|------------------|---|----------------|--------------------------|
| Booklet accepted | 1 | ONCE COMPLETED | GSDAccept |
| Booklet refused | 2 | ALL GO TO Q98 | <input type="checkbox"/> |

Main Questionnaire – 19

CHILDCARE AND CHILD SERVICES

- STAR1
- ASK ALL
- INTERVIEWER NOTE: Q 61-63 REFER TO CARE OF THE SELECTED CHILD. I would like you to think about (the index child) and answer the following questions about him/her.
- STAR1
- Q.61
- SHOWCARD L (R) Parents have various arrangements for looking after their children. Using the card, please tell me which of these (SELECTED CHILD) is looked after by? CODE BELOW.
MULTICODE OK – PROBE FULLY.
- NB: THERE SHOULD BE NO-ONE CODING 'NO' AT Q.61. ALL PARENTS HAVE SOME KIND OF ARRANGEMENT FOR THEIR CHILDREN. IF RESPONDENT SAYS NO, PLEASE PROBE. THEY MAY JUST HAVE INFORMAL ARRANGEMENTS SUCH AS THE RESPONDENT LOOKING AFTER THE CHILD.
- STAR1
- Q.62
- ASK Q62 FOR EACH A-S/OTHER MENTIONED AT Q61. OTHERS GO TO 64. For how many hours each week is (SELECTED CHILD) looked after solely by ... READ OUT A TO S APPROPRIATE CODE BELOW.

START

		Q.61	Q.62					
		Yes	Hours per week					
			1-9	10-19	20-29	30+	Don't know	
Informal:								
A	Female parent/ guardian/partner (res)	1	1	2	3	4	5	ChCrWho1 <input type="checkbox"/>
B	Male parent/guardian/partner (res)	2	1	2	3	4	5	ChCrWho2 <input type="checkbox"/>
C	Former spouse/partner (ie other parent - not res)	3						
D	Grandparent (mother's side)	4	1	2	3	4	5	ChCrWho3 <input type="checkbox"/>
	(father's side)	5						
E	X's older brother/sister	6	1	2	3	4	5	ChCrWho4 <input type="checkbox"/>
F	Other relative/friend/ neighbour		1	2	3	4	5	<input type="checkbox"/>
ChCrWho5 <input type="checkbox"/>								
Formal:								
G	Council-run day nursery		1	2	3	4	5	<input type="checkbox"/>
H	Private day nursery		1	2	3	4	5	ChCrHrs1 <input type="checkbox"/>
I	Private nursery classes		1	2	3	4	5	<input type="checkbox"/>
J	Primary school nursery classes		1	2	3	4	5	ChCrHrs2 <input type="checkbox"/>
K	Workplace nursery		1	2	3	4	5	<input type="checkbox"/>
L	Childminder		1	2	3	4	5	<input type="checkbox"/>
M	Paid baby-sitter		1	2	3	4	5	<input type="checkbox"/>
N	Playgroups/crèche/playbus		1	2	3	4	5	ChCrHrs3 <input type="checkbox"/>
S	Special provision for children with special educational needs/disabilities		1	2	3	4	5	ChCrHrs4 <input type="checkbox"/>
								ChCrHrs5 <input type="checkbox"/>
	Other WRITE IN & CODE		1	2	3	4	5	<input type="checkbox"/>
<hr/>								
	No-one else has sole charge of child							CCTotHrs <input type="checkbox"/>
	Not applicable	88						<input type="checkbox"/>

Q. 63 In general, how satisfied or dissatisfied are you with your childcare arrangements overall?

Very satisfied	1
Fairly satisfied	2
Neither satisfied nor dissatisfied	3
Fairly dissatisfied	4
Very dissatisfied	5
No opinion	9
Refused	7

ChCrStfn

☐

Q.65b Would you like more childcare (for X)?

Yes	1
No	2

WantMrCC

☐

CHILD'S SOCIAL ACTIVITIES

STAR1 Q.60 Does your child regularly see any other children (other than brothers or sisters) of a similar age? IF YES, ASK: How often? SINGLE CODE ONLY

Yes:

Less than once a week	1
Once a week	2
2-3 times a week	3
4-7 times a week	4

SeeOthCh

☐

No, doesn't see other children	5
Don't know, not sure	9

CHILD TOYS & ACTIVITIES

STARI

Q.58

SHOWCARD K2 Which of these, if any, does your child play with at home?
Just read out the letter/s that apply. MULTICODE OK

A

B

C

D

E

F

G

H

Paper and crayons /felt tips

Toy cars/lorries

Jigsaw puzzles

Playstation or computer games

Balls

Construction toys eg Lego

Cuddly toys/dolls

Books

1

2

3

4

5

6

7

8

NoBToys (B,E,F)

☐

☐

☐

☐

☐

☐

☐

☐

ToyD (1=Yes,2=No)

NoGToys (A,C,G)

NoBooks

PlntyToy

IF YES TO BOOKS: How many books has s/he got?

Q.?? Thinking of toys generally, would you say your child has got plenty, just about enough, or needs more toys?

Plenty of toys

Just about enough toys

Not enough toys

1

2

3

ACTIVITIES WITH INDEX CHILD

STARI

aMusc

Q.76

SHOWCARD N(R) How often do you do each of these with your child? READ OUT (A) TO (M).
ROTATE ORDER. TICK START (✓). CODE EACH BELOW. SINGLE CODE ONLY ON EACH LINE.

aPics

aStorie

s

aToys

aPhys

Daily

At 1st 1/wk

At least 1/mnth

Less often

Never

N/A

A

B

C

D

E

F

G

Listen to/play music/sing to her/him

Show her/him pictures in books

Read her/him stories

Play with toys

Physical play (eg clapping, rolling over, running around)

Let her/him do painting, drawing or other creative activities

Let her/him use objects to build towers or other creations

1

2

3

4

5

8

1

2

3

4

5

8

1

2

3

4

5

8

aPaint

aBuild

aSWkly

7STAR1 Q.83

ASK ALL

Do you agree or disagree with each of these statements about your relationship with your child? READ OUT A) TO M). ROTATE ORDER. TICK START (✓). SINGLE CODE ONLY ON EACH LINE.

	Agree 1	Neither 2	Disagree 3	DK/no opinion 4	
a) I really cannot bear it when my child cries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlpa
b) I don't mind the mess that surrounds a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlpb
c) I feel desperate when my child complains and is difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlpc
f) I often worry whether my child is eating enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlpd
g) My child's demands sometimes being intense feelings of anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlpe
h) Trying to get my child to eat the right food makes me very anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlpf
i) I feel pretty sure that I'm doing the right thing for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlpg
j) I feel anxious if someone else is looking after my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlph
l) Having this child has made me feel more fulfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlpi
m) I would have preferred that I had not had this child when I did	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ChiRlpj
	ChiRlpk	ChiRlpl	ChiRlpm	ChiRlpt	

PER

Q.84

CHILDREN'S QUESTIONNAIRES

These are some questions about [CHILD'S] health, development and behaviour which you may find easier to answer yourself. For each question, please circle the number or tick the box which best describes your child's behaviour in general. If you need any help, please ask.

PER

Q.85

GIVE BOOKLET (GOODMAN'S STRENGTHS & DIFFICULTIES) AND CODE

Booklet accepted
Booklet refused

1
2

ONCE COMPLETED
ALL GO TO Q98

GSDAccept GSDScr

STAR1

Q.77

INTERVIEWER: PLEASE REMIND THE RESPONDENT TO THINK ABOUT THE SELECTED CHILD.

Who is helping you to bring up (selected child)? Just read out the letter/s that applies.

SHOWCARD O. MULTICODE OK.

WHO IS MOST INVOLVED?

Most
Involved?

- A Partner in household who is child's birth (natural) parent 1
- B Partner in household who is NOT child's (natural) parent 2
- C Partner NOT in household who is NOT child's (natural) parent 3
- D Birth (natural) parent who is NOT in household 4
- E Other adult in household 5
- F Other adult not in household 6

BrgUpX

GO TO Q.78

STAR1 Q.82 Thinking about the extent to which your partner/other birth parent (*WHICHEVER IS MOST INVOLVED*) is involved with looking after your child, in general, would you say you ... ?
READ OUT A) TO C). SINGLE CODE ONLY.

a	... are happy with what your partner does	1	
b	... would like your partner to do more	2	
c	... would like your partner to do less	3	SptvPtr
	Don't know	9	<input type="checkbox"/>
	Not applicable	8	

PARENT LIMIT-SETTING

Q.89 For the next questions, please indicate how often you do the following.
SHOWCARD R

NSSI (details)		Very often	Often	Some- times	Seldo m	Never		
a	Set limits on how much time this child can watch TV in a day?	1...	2...	3...	4..	5...		
b	Set limits on how late this child can stay up at night?	1...	2....	3...	4	5...		
c	Set limits on how many crisps, sweets or other snacks the child has?			1	2	3	4	5
d	Does X do what you say?			1	2	3	4	5
	LmtsTV		LmtsUp		LmtsSwts		LmtsTot	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

ALSPAC C11 b) HOW OFTEN IS X ALLOWED TO WATCH THE TELEVISION OR A VIDEO?
57 MONTHS

WHENEVER S/HE WANTS	2
WHEN I DECIDE IT IS SUITABLE	1
HARDLY EVER	0

C) WHEN DO YOU NORMALLY HAVE TELEVISION ON?

	WEEKDAYS	WEEKENDS
ALL DAY	4	4
MOST OF THE DAY	3	3
½ THE DAY	2	2
LESS THAN ½ THE DAY	1	1
NOT AT ALL	0	0

D) DOES YOUR CHILD WATCH TELEVISION OR A VIDEO WHEN IT IS ON?

	ALWAYS	SOMETIMES	NEVER
YES, BUT PLAYS AT THE SAME TIME	2	1	0
YES AND DRAWS ATTENTION	2	1	0

PARENT - CHILD RELATIONSHIPS

Q 90B) DO YOU HAVE PROBLEMS WITH ANY OF YOUR OTHER CHILDREN? PROBE

YES - MAJOR PROBLEMS 2

YES - MINOR PROBLEMS 1

NO 0

OTHCHPbs

☐

FINANCE AND TRANSPORT

Q.94

ASK ALL

SHOWCARD T (R). Now I'd like to ask you about your financial circumstances. Which of the following kinds of income, including state benefits and pensions if any, do you (and your partner/spouse) receive? Just read out the letter/s that apply. MULTICODE OK ADD IF NECESSARY: As with the rest of your answers, these will be treated in strictest confidence.

	1=Yes, 0=No, 7=Refused, 9 = not known, 8=N/A because no income	Yes	No	DK	IncSrcA	IncSrcB
A Earnings from employment or self-employment	1	0	9		<input type="checkbox"/>	<input type="checkbox"/>
B Pension from a former employer	1	0	9			
C State pension	1	0	9			
D Child benefit	1	0	9		IncSrcC	IncSrcD
E Working credit	1	0	9		<input type="checkbox"/>	<input type="checkbox"/>
F Child tax credit	1	0	9			
G Housing benefit	1	0	9			
H Council tax benefit	1	0	9		IncSrcE	IncSrcF
I Disability living allowance/Other disability benefits	1	0	9		<input type="checkbox"/>	<input type="checkbox"/>
J Jobseeker's allowance	1	0	9			
K Income support	1	0	9			
L Other state benefits	1	0	9		IncSrcG	IncSrcH
M Interest from savings, investments, etc	1	0	9		<input type="checkbox"/>	<input type="checkbox"/>
N Other kinds of regular allowance from outside the household (eg maintenance)	1	0	9			
O Other sources (eg rent)	1	0	9		IncSrcI	IncSrcJ
P None	1	0	9		<input type="checkbox"/>	<input type="checkbox"/>
Refused	7				IncSrcK	IncSrcL

IncSrcM

☐

IncSrcN

☐

IncSrcO

☐

IncSrcP

☐AnyMTBen
(E,F,G,H,I)

(MT=means-tested)

☐

IncSpt

☐

AnyErngs

☐

Main Questionnaire – 25

Q.95 SHOWCARD V. How easy or difficult at the moment do you find it to afford these items? READ OUT (A) TO (K). TICK START. SINGLE CODE ONLY ON EACH LINE.

STAR: CHILD FROM PPE		Very difficult	Fairly diffic ult	Not very difficult	Not at all difficult	DK	Affid
	a) Nutritional food for child	1	2	3	4	9	<input type="checkbox"/>
	b) Clothes for children	1	2	3	4	9	AffidClth <input type="checkbox"/>
	c) Toys	1	2	3	4	9	AffidToys <input type="checkbox"/>
	d) Other things you need for the child/ren	1	2	3	4	9	<input type="checkbox"/>
				AffidOthr <input type="checkbox"/>	AffidTotl <input type="checkbox"/>		

Q.96 How often would you say you have been worried about money during the last six months? CODE ONE

Almost all the time	1	CashWrry
Often, but not all the time	2	<input type="checkbox"/>
Only sometimes	3	
Hardly ever/never	4	
Don't know	9	

Q.97 SHOWCARD W. From this card, could you tell me which band your (and your partner/spouse's) total net income from all sources falls in? Please just read out the letter. IF NOT KNOWN, PROBE FOR ESTIMATE. SINGLE CODE ONLY.

	Weekly	Annually	()	IncBand
A	Under £40	Under £2,079	1	
B	£40-£59	£2,080-£3,119	2	<input type="checkbox"/>
C	60-£79	£3,120-£4,159	3	
D	£80-£99	£4,160-£5,199	4	
E	£100-£119	£5,200-£6,239	5	
F	£120-£139	£6,240-£7,279	6	
G	£140-£159	£7,280-£8,319	10	
H	£160-£179	£8,320-£9,359	11	
I	£180-£199	£9,360-£10,399	12	
J	£200-£299	£10,400-£15,599	13	
K	£300-£399	£15,600-£20,799	14	
L	£400-499	£20,800-£25,999	15	
M	£500 or more	£26,000 or more	16	
		Don't know	9	
		Refused	7	

MAIN CARER

- **Q.102** Can you tell me how much you agree or disagree with the following statements? (5-point scale)
ATTITUDES TO EDUCATION SHOWCARD Z

BF	A	When I look back I think school was a waste of time	AttEduc1	
NSSI	B	Learning new things boosts your confidence		AttEduc2
	C	It matters a lot to me how well my child does at school	AttEduc3	
NSSI	D	The effort of getting qualifications is more trouble than it's worth		AttEduc4
			AttEdTot	

- **Q.103** PLANFULNESS, LOCUS OF CONTROL, SELF-EFFICACY AttPlnTt (all)

NSSI Alapac Mothers' Lifestyle		It doesn't pay to try hard because things hardly ever turn out right anyway.	AttPlan1	
		I never really seem to get what I want out of life		AttPlan2
•		I tend to find things generally go to plan	AttPlan3	
?		Most things are decided by luck or chance		AttPlan4
NOWICKI & STRICKLAND		Planning ahead makes things turn out better	AttPlan5	

- **Q.104** SELF-ESTEEM

a The next questions are about how you feel about yourself. Please say how much you agree or disagree with each of the following statements (5-point scale). AttSelfTt

		First, ... on the whole, I am satisfied with myself	AttSelf1	
		At times I think I am no good at all		AttSelf2
		I am able to do things as well as most people	AttSelf3	

ASPIRATIONS

What do you want for your child in the next 10 years/when they're grown up?

_____	AsprtnCh	

What do you want for yourself in the next 10 years?

_____	AsprtnMe	

Q.104b FAITH

? Do you have a faith or spiritual belief that helps in your day-to-day life?
Faith
Yes (1) No (0) Refuse (7) ☐

Alpac Mothers' Lifestyle Do you get help and support from leaders or other members of a church or religious group?
FaithHelp
Yes (1) No (0) ☐

Do you go to church or meetings of a religious group regularly? How often?
Yes – weekly 3 FaithMeet
Yes – monthly 2 ☐
Yes – occasionally 1
No 0

(N381) Q.105 Household Chaos, Hubbub & Order Scale
Every household works in different ways. The next set of questions deals with how much activity or calmness there is in your home. Would you say the following statements apply to your household or not?

Very true of your home 5, Partly true 4, Partly true/untrue 3, Quite untrue 4, Not at all true 5
HhOrdrTt ☐
A We can always find things when we need them HhOrdrA ☐
B We almost always seem to be rushed HhOrdrB ☐
C You can't hear yourself think in our home HhOrdrC ☐
D Our home is a good place to relax HhOrdrD ☐
E We're often late for appointments or miss them altogether HhOrdrE ☐

778 Q.107 ASK ALL
CURRENT PROBLEMS QUESTIONNAIRE (BOOKLET P13)
This is a list of problems which people sometimes have. We would like to know whether any of the things on the list are currently a problem for you. Please ask for help or explanation if you are unsure about anything.
GIVE BOOKLET AND CODE.

Booklet accepted 1
Booklet refused 2

End of booklet. Ensure address number written on booklet and sealed envelope.

CPQTot CPQOTHtT CPQCMbND ☐ ☐ ☐

CURRENT PROBLEMS QUESTIONNAIRE

Q.108 INSTRUCTIONS: This is a list of problems which people sometimes have. We would like to know whether any of the things on the list are currently a problem for you. Please tick 'Yes' or 'No' ☐ to show whether you have any of these problems. If a question doesn't apply to you (for example, because you don't have a partner), tick 'No'. Please ask for help or explanation from the interviewer if you are unsure about anything.

			Yes
PARTNER	1.	Are you having regular arguments or fights with your present partner boyfriend or girlfriend? (Tick 'No' if no partner)	<input type="checkbox"/>
	2.	Are you having some sort of problem with any of your former partner? ('No' if no partner)	<input type="checkbox"/>
	3.	Is your partner in prison?	<input type="checkbox"/>
MONEY	4.	Is your partner away from home more than half of the time because of a job or some other reason? or ? ('No' if no partner)	<input type="checkbox"/>
	5.	Do you have long-term debts other than a house mortgage (that is, debts you have had for 2 years or more)?	<input type="checkbox"/>
	6.	Do you have problems with owing money for example, late paying bills, getting behind with loans or being regularly hassled by loan or credit card companies, catalogue companies, debt collectors, money lenders or someone from whom you borrowed money?	<input type="checkbox"/>
WORK	7.	Does your work interfere with your family life? (Tick 'no' if not working)	<input type="checkbox"/>
	8.	Does your partner's work interfere with your family life (Tick 'no' if no partner or partner not working)	<input type="checkbox"/>
	9.	Do you have trouble with your landlord? (Tick 'no' if you own your own house)	<input type="checkbox"/>
HOUSING	10.	Are you having trouble finding a place to live that is suitable and that you can afford?	<input type="checkbox"/>
	11.	Do you feel that you do not have enough privacy at home?	<input type="checkbox"/>
	12.	Do you have someone living with you - relatives or friends - that you wish weren't there?	<input type="checkbox"/>
	13.	Do you have a problem with alcohol or with drugs (whether prescribed for you or not)?	<input type="checkbox"/>
	14.	Does your partner have a problem with alcohol or drugs?	<input type="checkbox"/>
	15.	Does someone in your household other than you/your partner have a problem with alcohol or drugs?	<input type="checkbox"/>
ALCO/ DRUGS	16.	Has your current partner ever hit or injured you?	<input type="checkbox"/>
	17.	Has your current partner ever said things to you on purpose to make you feel really bad or worthless?	<input type="checkbox"/>
	18.	Has someone other than your present partner ever abused you physically, sexually or emotionally?	<input type="checkbox"/>
DOM VIO/ ABUSE	19.	Has someone ever abused one of your children physically, sexually or emotionally?	<input type="checkbox"/>
	20.	Is one of your children having problems at school that mean you have to visit the teacher or other staff at school?	<input type="checkbox"/>
	21.	Is one of your children currently in trouble with the police or the courts?	<input type="checkbox"/>
CHI PROBS	22.	Are you currently in contact with social services because of a problem with one of your children?	<input type="checkbox"/>
	23.	Is one of your children currently on the Child Protection Register?	<input type="checkbox"/>

Q.109 CURRENT PROBLEMS (QUESTIONNAIRE)-EXTRA

Alspac
Mothers'
Lifestyle
(modified)

Is there anything else which is not on the list which has concerned
you or meant extra effort from you to cope in the last year?
Eg moving, neighbour probs, self/ptnr losing job, split from
partner, close died/serisly ill/ injured / worry lot re. someone close

CPQOth

☐

PPB Q.110 ASK ALL

SHOWCARD CC. Most people find being a parent has its ups and downs.
Taking everything into account, which of these statements best describes
how you are coping with parenthood these days? CODE ONE ONLY

- | | | | |
|---|---|---|--------------------------|
| A | I am coping pretty well with being a parent: things rarely get on top of me | 1 | Pa |
| B | Sometimes I feel I'm coping well, but sometimes things get on top of me | 2 | Copng |
| C | I hardly ever feel I'm coping well | 3 | <input type="checkbox"/> |
| D | I'm not coping at all these days | 4 | |
| | Varies too much to say | 5 | |
| | Don't know | 9 | |

Q.111 Why do you say that? PROBE FULLY. PROBE FOR SPECIFIC EXAMPLES.
ANY ANSWER (WRITE IN AND CODE '1')

Q.112 What kinds of help and support would most improve your life as a parent?
*LIST UP TO TWO/THREE DIFFERENT KINDS OF HELP AND SUPPORT.
 WRITE IN AND ASK FOR EACH LISTED:
 How would this improve your life as a parent?*

ANY ANSWER First thing (WRITE IN & CODE '1') 1

BasrPa1

☐

None 0

ANY ANSWER Second thing (WRITE IN & CODE '1') 1

BasrPa2

☐

None 0

ANY ANSWER Third thing (WRITE IN & CODE '1') 1

BasrPa3

☐

None 0

Q.113 Is there anything else that we haven't covered which you would like to say about being a parent? *PROBE FULLY.*

ANY ANSWER (WRITE IN & CODE '1') 1

PaElse

☐

None/no answer 0
 Don't know 9

☐

Q.114 *CLOSE. Thank you very much indeed for your help with this research. I am extremely grateful for your time. (Possible re-interview at later stage?) This is an information leaflet which we are giving to everyone taking part in the study about activities in this area over the summer for parents and children. AND CODE.*

S/S
 RBCO
 RDS

? Leaflet accepted 1
 Leaflet refused 0

Lflet Yes

☐

FEEDBACK ON THE INTERVIEW

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Interviewed respondent at home/elsewhere

At home 1
Elsewhere 2

IntWhr☐**Interviewed respondent alone whole time**

Yes 1
No 2

IntRLone☐**Partner in room during interview?**

Yes:

all the time 1
some of the time 2
just at the start 3
just at the end 4
No 5

IntPtnr☐**Selected child present during interview?**

Yes 1
No 2

IntChild☐**Other child present during interview?**

Yes - child over 2 1
Yes - child under 2 2
No 3

INTERVIEWER CHECK LIST:

1. HAVE YOU WRITTEN RESPONDENT'S NAME AND PHONE NUMBER ON FRONT OF CONTACT SHEET ☐
2. HAVE YOU COLLECTED THE SELF-COMPLETION BOOKLET IN A SEALED ADDRESS NUMBERED ENVELOPE? ☐
3. TRANSFER ADDRESS NUMBER FROM CONTACT SHEET TO QUESTIONNAIRE ☐
4. RECORD WHO PRESENT AT INTERVIEW. MULTICODE OK ☐

Respondent only and no-one else for whole interview (EXCLUSIVE CODE)

Child/ren aged 2 yrs or more present for whole interview 1
Child/ren aged 2 yrs or more present for part of the interview 3
Partner present for whole interview 4
Partner present for part of interview 5
Other person(s) present for whole interview 6
Other person(s) present for part of interview 7

5. RECORD HELP GIVEN READING/COMPLETING SELF-COMPLETION BOOKLET:

Respondent only completed booklet alone 1
Interviewer helped with part of booklet 2
Interviewer helped with whole booklet 3
Someone else other than respondent helped in part or throughout 4

6. RECORD FINISH TIME AND CALCULATE INTERVIEW LENGTH (minutes)

☐ ☐ ☐
(20) (20) (20)

IntTime ☐

Appendix 3 – Support and Services Questionnaire

SUPPORT & SERVICE SECTION

One of the things I'm trying to find out is what help and support parents need. By help and support I mean all sorts of help, including practical help, information or advice, or just someone to talk to. It includes help from family, friends and neighbours, as well as help from professionals like doctors, social workers and health visitors.

ATTITUDES TO FORMAL AND INFORMAL SUPPORT

A I'm going to read you a list of some of the things people have said about getting help and support when you are a parent. Could you tell me how much you agree or disagree with each statement?

	Strongly agree	Tend to agree	Neither	Tend to disagree	Strongly disagree	DK	
People round here help each other out in a crisis	1	2	3	4	5	6	SupAtt1 <input type="checkbox"/>
Asking for help outside the family is a sign that a parent is not coping	1	2	3	4	5	6	SupAtt2 <input type="checkbox"/>
If you ask for parenting advice from professionals, they start interfering or trying to take over	1	2	3	4	5	6	SupAtt3 <input type="checkbox"/>
Local people working in the area (such as playworkers or family link workers) are more helpful than professionals because they know what it's like to be a local parent.	1	2	3	4	5	6	SupAtt4 <input type="checkbox"/>
If you ask friends or neighbours for help, you end up feeling 'in debt' to them	1	2	3	4	5	6	SupAtt5 <input type="checkbox"/>
You can't be certain that local workers (such as playworkers or family link workers) will keep things confidential	1	2	3	4	5	6	SupAtt6 <input type="checkbox"/>
I can always trust professionals (eg health visitors, teachers) to keep the things I tell them confidential	1	2	3	4	5	6	SupAtt7 <input type="checkbox"/>
I prefer not to discuss my family with people round here because you can't trust people to keep things to themselves	1	2	3	4	5	6	SupAtt8 <input type="checkbox"/>

[illegible]

SUPPORT AVAILABLE AND USED

B1 If you needed any of the following things, could you always or usually find someone to help you out, only sometimes find someone, or never find someone to help you out? Or would you never ask? For example if you needed to ...READ OUT & CODE EACH IN TURN, FOLLOWING WITH B2 BEFORE CONTINUING TO THE NEXT 'HELP' ITEM..

B2 How often have you done this in the last three months (OMIT?)? In the last 4 weeks?

	Always/ usually	Some- times	Never	Wldn't ask	DK	No. times in past 3 months	4 wks
a Leave your child/ren with someone for a couple of hours during the day							
b Leave your child/ren with someone overnight							
c Borrow a small sum of money (£10 or less)							
d Borrow a larger sum of money						OMIT	OMIT
e Talk to someone because you were worried about your child/ one of your children							
f Talk to someone because you were feeling depressed or upset							
g Get help with cooking, cleaning, washing or shopping							
h Get a lift somewhere for you or your child/ren							

B3 In the last 3 months/4 weeks, how often: 3 months 4 wks

- i have you got together socially with someone?
- j someone told you they liked something about you/appreciated you?

[START asked Who? in categories, including profs awa informal contacts]

SUPPORT GAP

C Thinking about your current situation, do you ever wish you had more help or support in being a parent? IF YES, PROBE: Do you feel like this often, or only sometimes?

Yes, I often feel I would like more help/support	2	
Yes, I sometimes feel I would like more help/support	1	WantHelp
No, I never feel like this	0	
DK	6	<input type="checkbox"/>

ACTUAL PARENTING PROBLEM

D1 What have you found the hardest thing to deal with over the last couple of years, as a parent of (INDEX CHILD)?
PaProb ☐

D2 What help or support did you get?
PaPHelp ☐

D3 What help or support would you have liked?
PaPWantH ☐

D4 Who was the most helpful person or organisation?
PaPWhoHp ☐

Why?

D5 Who was the least helpful person or organisation?
PaPWlxHp ☐

Why?

INFORMAL SUPPORT (No./types of supporters/conflicted support/direction of support)

E1 Now I'd like to ask you in more detail about help and support from people like your (partner), family, friends, neighbours and other people from the local community.

I'll read out a list of people both inside and outside the household or family, who might be able to provide help and support to a parent. Do you have any people like this you can talk to, or get practical help, information, advice or any other form of help or support connected with parenting or family issues?

E2 Which types of people on the card do you have who you can get help or support from?
MULTICODE OK - WHERE MORE THAN ONE PERSON IN A CATEGORY, PUT ONE TICK PER PERSON IN THE BOX. Code as 0 (no-one), 1 (for 1), 2 (2) etc.

	No.	ISptPerA		ISptPerB
supporters		<input type="checkbox"/>		
A Partner (lives with you 3+ nts)				<input type="checkbox"/>
B Partner - other		ISptPerC		<input type="checkbox"/>
C Ex-partner (or X's other parent)		<input type="checkbox"/>		ISptPerD
D Your children		ISptPerE		<input type="checkbox"/>
E Your mother		<input type="checkbox"/>		ISptPerE
F Your father		ISptPerF		<input type="checkbox"/>
G Your sisters/brothers		<input type="checkbox"/>		ISptPerG
H Other relatives of yours		ISptPerH		<input type="checkbox"/>
J Partner's parents		<input type="checkbox"/>		ISptPerJ
K Partner's other relatives		ISptPerK		<input type="checkbox"/>
L Your friends		<input type="checkbox"/>		ISptPerL
M Neighbours		ISptPerM		<input type="checkbox"/>
N Work colleagues		<input type="checkbox"/>		ISptPerN
P Minister or member of church or other religious group		ISptPerP		<input type="checkbox"/>
Q Someone else. Who?		<input type="checkbox"/>		ISptPerQ
				<input type="checkbox"/>
No-one				
Total no. supporters		ISptPTot		<input type="checkbox"/>

NO. INFORMAL SUPPORTERS - 3 MAIN ONES

F1 Thinking about all the types of people (family, friends, neighbours, work colleagues) you have mentioned, how many people are there in total you can get help and support from about *family or parenting issues*?

ISFamTot

F2	<p>Thinking of the most helpful person ... who is this? (relationship)</p> <p>_____</p> <p>How far away do they live/are they based? (journey time) _____</p> <p>How often do you see them? _____</p> <p>How often do you talk to them on the phone? _____</p> <p>Is s/he always supportive or sometimes critical?</p>	<input type="checkbox"/> IS1Who <input type="checkbox"/> IS1Wht <input type="checkbox"/> IS1OfmC <input type="checkbox"/> IS1OfmT <input type="checkbox"/> IS1Crit <input type="checkbox"/>
F3	<p>Thinking of the second most helpful person ... who is this? (relationship)</p> <p>_____</p> <p>How far away do they live/are they based? (journey time) _____</p> <p>How often do you see them? _____</p> <p>How often do you talk to them on the phone? _____</p> <p>Is s/he always supportive or sometimes critical?</p>	<input type="checkbox"/> IS2Who <input type="checkbox"/> IS2Wht <input type="checkbox"/> IS2OfmC <input type="checkbox"/> IS2OfmT <input type="checkbox"/> IS2Crit <input type="checkbox"/>
F4	<p>Thinking of the third most helpful person ... who is this? (relationship)</p> <p>_____</p> <p>How far away do they live/are they based? (journey time) _____</p> <p>How often do you see them? _____</p> <p>How often do you talk to them on the phone? _____</p> <p>Is s/he always supportive or sometimes critical?</p>	<input type="checkbox"/> IS3Who <input type="checkbox"/> IS3Wht <input type="checkbox"/> IS3OfmC <input type="checkbox"/> IS3OfmT <input type="checkbox"/> IS3Crit <input type="checkbox"/>
F5	<p>IF OWN MOTHER NOT MENTIONED, ASK:</p> <p>Thinking of your own mother, how long does it take to get to where she lives?</p> <p>_____</p> <p>Is s/he always supportive or sometimes critical?</p>	<input type="checkbox"/> OwnMoWht <input type="checkbox"/> OwnMoCrit <input type="checkbox"/>

SEMI-FORMAL SERVICES - Awareness, use, satisfaction

Now, I'd like to ask you about other sorts of help and support that parents can get from local groups, or services for children and families.

- G1 As far as you know, which of these services or groups are available in your [the study] area? CODE ALL THAT APPLY IN TABLE BELOW
- G2 IF NOT AWARE OF ANY IN A CATEGORY, ASK: Do you think you would have used a service like this if you'd known it was there? What sort of people do you think would use this?
- G3a IF AWARE OF ANY IN A CATEGORY: Have you ever used, contacted or tried to contact any of these services? CODE ALL IN TABLE BELOW
- G3b IF YES TO ABOVE QUESTION: Have you used, contacted or tried to contact any of these since X was born? [in last year STAR1?]
- G4 IF NOT USED/CONTACTED/TRIED TO CONTACT: ??Have you thought about going?

What sort of people do you think would use this?

AWARE? Available in area?	IF AWARE Ever used/tried to contact?	IF NOT AWARE Sort of Wld hv used? people?
---------------------------------	--	---

Groups parents can go to with a child
(eg parent & toddler group, baby gp,
drop-in)

Day nursery, creche or playgroup
where parents can leave a child while
they do something else

Nursery class at school

RE-CODE AS FORMAL

Groups or courses for parents (PROMPT
AS NECESSARY, MARKING WITH 'P')
- re. pregnancy, breast-feeding

- parenting skills/managing children's behvr
- to develop children's play/reading/
learning/ crafts
- for parents to learn other skills
(eg computers, first aid)
- Home visiting service (eg Fam Link Wkr)

- Special help for parents (eg substance
abuse, domestic violence)

Service or help for families of children
with special additional needs

Toy or book library

Any other group

Support & Service Q'aire - 7

IF NOT AWARE OF ANY SERVICE (EXCEPT NURSERY CLASS): Why do you think this is? GpsXAwr
(IF NECESSARY, PROMPT: never had information, never got around to/too busy to read notices) ☐

FOR SERVICES RESPONDENT IS AWARE OF, FILL IN THIS GRID.

PARENT/CHILD SERVICES/GROUPS/ACTIVITIES (Semi-formal svcs) – Perception,
Contact, Use

PERCEPTION

What sort of people
do you think use this?

AWARENESS

How did you find out
about this?

CONTACT

Ever tried to contact/
attend?

IF NO: Why not?

&: What would have
made you more likely
to contact? (**PROBE:**
'more appealing')

IF YES: Has X/any of
your children used/attended?

WHERE NO: Why not?

WHERE YES:

No. times used altogether for X

1) 1 2) 2-5 3) 6-10 4) 11+

Over what time period? 1) 1wk

2) >1wk<2m 3) 2-6 m 4) >6m

What was good for you/
X your child?

What was not so good for
you/X your child?

Why did you stop going?

How do you think the (S/G/A)
might be improved?

FOR SERVICES RESPONDENT IS AWARE OF, FILL IN THIS GRID.

**PARENT/CHILD SERVICES/GROUPS/ACTIVITIES (Semi-formal svcs) – Perception,
Contact, Use**

PERCEPTION

What sort of people
do you think use this?

AWARENESS

How did you find out
about this?

CONTACT

Ever tried to contact/
attend?

IF NO: Why not?

&: What would have
made you more likely
to contact? (*PROBE:*
'more appealing')

IF YES: Has X/any of
your children used/attended?

WHERE NO: Why not?

WHERE YES:

No. times used altogether for X

1) 1 2) 2-5 3) 6-10 4) 11+

Over what time period? 1) 1wk

2) >1wk<2m 3) 2-6 m 4) >6m

What was good for you/
X your child?

What was not so good for
you/X your child?

Why did you stop going?

How do you think the (S/G/A)

FOR SERVICES RESPONDENT IS AWARE OF, FILL IN THIS GRID.

**PARENT/CHILD SERVICES/GROUPS/ACTIVITIES (Semi-formal svcs) – Perception,
Contact, Use**

PERCEPTION

What sort of people
do you think use this?

AWARENESS

How did you find out
about this?

CONTACT

Ever tried to contact/
attend?

IF NO: Why not?

&: What would have
made you more likely
to contact? (*PROBE:*
'more appealing')

IF YES: Has X/any of
your children used/attended?

WHERE NO: Why not?

WHERE YES:

No. times used altogether for X

1) 1 2) 2-5 3) 6-10 4) 11+

Over what time period? 1) 1wk

2) >1wk<2m 3) 2-6 m 4) >6m

What was good for you/
X your child?

What was not so good for
you/X your child?

Why did you stop going?

How do you think the (S/G/A)
might be improved?

S 9 Of all the S/G/As you've used, which has been the most helpful or useful? GdSGA1

☐

S10 Which has been the second most helpful/useful?

GdSGA2

☐

BadSGA1S11 Which has been the least helpful or useful?

BadSGA1

☐

S12 Has there been another S/G/A you felt let down by or disappointed with?

BadSGA2

☐

FORMAL SERVICES – Awareness, Perception, Use, Satisfaction
PPE Q 164-6

This is a list of some services for parents and children which may be provided by your local authority, council, or health authority. As far as you are aware, which of these different sorts of services are available in your area? (By your area I mean a service which comes to you or which you can reach relatively easily.)

Have you ever used, [been in contact with] or tried to contact any of these services? For X?

If not, why not? Who do you think would go to a?

Exist in Area?	Ever used/ had contact?	Ever used/con- tacted re. X?	If not, why not?	Who = Svc for?
----------------	-------------------------	------------------------------	------------------	----------------

[Doctor]

Health visitor

Dentist

Social worker/
Social services department

Speech therapist (appointment)

Ante-natal classes for mothers and fathers-to-be in health centre/hospital

Other services for parents/children (eg counsellor) Which? _____

PICK UP PARENTS REFERRED TO FAMILY CENTRE OR FAMILY UNIT FROM GRID, & THOSE WHO HAVE BEEN IN TOUCH WITH NURSERY CLASS FROM SEMI-FORMAL SERVICES.

FOR EACH SERVICE THAT RESPONDENT HAS USED ON BEHALF OF X, WRITE IN TYPE BELOW.

Service 1	_____
Service 2	_____
Service 3	_____
Service 4	_____
Service 5	_____
Service 6	_____

DOCTOR: When did you last see your doctor about X? (or talk to him/her on the phone)? FSDrLsUs

Was this helpful or not?	Yes	No	Mixed	<input type="checkbox"/>
Why?				FSDrHelp <input type="checkbox"/>

Generally, have you found your doctor helpful about X? Why/not?	Yes	No	Other	FSDrGHlp <input type="checkbox"/>
---	-----	----	-------	--------------------------------------

How often have you seen or spoken to the doctor about X in the last 3 years, roughly?	FSDrTotX <input type="checkbox"/>
Never	
1-5 times	
6-10 times	
11-20 times	
21 times or more	

HEALTH VISITOR: When did you last talk to your Health Visitor about X?				FSHVLsUs <input type="checkbox"/>
Where was this?	At my home	At the clinic/health centre	At a group	On the phone FSHVWhr <input type="checkbox"/>
Was this helpful or not?	Yes	No	Mixed	FSHVHelp <input type="checkbox"/>
Why?				<input type="checkbox"/>

Generally, have you found your health visitor helpful about X? Why/not?	Yes	No	Other	FSHVGHlp <input type="checkbox"/>
---	-----	----	-------	--------------------------------------

When was your last appointment with the Health Visitor?	_____	FSHVLsAp
How often have you seen or spoken to your health visitor about X in the last 3 years, roughly?	<input type="checkbox"/>	
Never		
1-5 times		
6-10 times		
11-20 times		FSHVTotX <input type="checkbox"/>

SOCIAL WORKER: When did you last see a social worker (or talk to him/her on the phone)?

Was this helpful or not? Yes No Mixed

Why?

Generally, have you found your social worker helpful ? Yes No Other

Why?

... about X?

How often have you seen or spoken to your social worker in the last 3 years, roughly?

- Never
- 1-5 times
- 6-10 times
- 11-20 times
- 21 times or more

OTHER SERVICE 1:
When was your last contact with ? _____

Was this helpful or not? Yes No Mixed

Why?

Generally, have you found (*THIS SERVICE*) helpful? Yes No Other

Why?

How often have you seen or spoken to (*THIS SERVICE*) in the last 3 years, roughly?

- Never
- 1-5 times
- 6-10 times
- 11-20 times
- 21 times or more

OTHER SERVICE 2:

When was your last contact with ? _____

Was this helpful or not? Yes No Mixed

Why?

Generally, have you found (THIS SERVICE) helpful? Yes No Other
Why?

How often have you seen or spoken to (THIS SERVICE) in the last 3 years, roughly?

- Never
- 1-5 times
- 6-10 times
- 11-20 times
- 21 times or more

OTHER SERVICE 3:

When was your last contact with ? _____

Was this helpful or not? Yes No Mixed

Why?

Generally, have you found (THIS SERVICE) helpful? Yes No Other
Why?

How often have you seen or spoken to (THIS SERVICE) in the last 3 years, roughly?

- Never
- 1-5 times
- 6-10 times
- 11-20 times
- 21 times or more

SURE START

Have you heard of Sure Start? Yes No

IF NO: It's a big project for families with young children in this area, but quite a few don't know about it. Why do you think you don't?

IF YES: Is X registered with Sure Start? Yes No

Are any of your other children registered with Sure Start? Yes No

Have you been to any Sure Start groups or seen any Sure Start workers? Yes No DK

IF YES: Which ones/who?

CHECK THESE ARE ON GRID - ADD IF NOT

IF NO: Have you thought about going to any Sure Start groups or contacting the project? Yes No

IF NO: Why not?

IF NO: What sort of people do you think Sure Start is for?

IF YES: Which?

IF YES: Why didn't you?

S13 Have you ever helped with, or been a volunteer with or on the committee of any group or organisation, big or small? Since X was born?

- | | |
|----------------------------------|---|
| No, never | 1 |
| Yes, only before X was born | 2 |
| Yes, only since X was born | 3 |
| Yes, before and after X was born | 4 |

DETAILS _____

Do you belong to any church or religious group?

Appendix 4 - Child Measures Questionnaire

Child Outcomes – 3.50-4.00 years (4.25 if extend to June 2000 births)

Talking

Alspac (Length of utterance)

E9b (57. When s/he talks nowadays, what is the most words s/he can put together?

38 & 42

months)

Does not talk at all	0
1	1
2	2
3-4	3
5-8	4
9+	5

COUndNo

☐

Debbie (Vocabulary)

How many new words has she picked up in the last week?

None	0
1-2	1
3-4	2
5-8	3
9+	4

COUndWd

☐

(Comprehension)

Alspac E7b Does s/he understand instructions like 'Let's give teddy the big spoon and the bowl'?

modified by

Debbie

Yes, can do well	1
Yes, but not very well	2
Has not yet done	3
Is unable to try this	8

COUndIns

☐

[Alspac (Use of gestures)

B9a (57 Does s/he prefer to use gestures (pointing or pulling) to get what she wants instead of asking?

months)

Yes, still does	1
Yes, did in past, not now	2
No, never did	3]

COGestr

☐

[Alspac (Enunciation)

E8c,d,e Can you understand what s/he says?

(38, 42 &

57 months)

Never	0
Sometimes	1
Often	2
Always	3

COEsUndU

☐

Can your family understand what s/he says?

Never	0
Sometimes	1
Often	2
Always	3

COEsUndF

☐

Can visitors to your house/flat understand what s/he says?

Never	0
Sometimes	1
Often	2
Always	3]

COEsUndV

☐

Alspac E12 Are there any other languages apart from English spoken in your household?

(57 months) Which?

LangHh LangChi

☐
☐

Which language does your child speak? English only(1) Eng & Other(2) Other only(3)

E4.		Yes, can do well	Yes, does but not very well	Has not yet done	Is unable to try this	
a)	Does she show interest in pictures in books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 1
b)	Does she notice details in pictures and photographs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 2
c)	Can she recognise the colours red, yellow and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 3
d)	Can she recognise orange, brown and purple?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 4
e)	Can she recognise her name when written?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 5
f)	Does she know at least 3 letters of the alphabet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 6
g)	Does she know at least 10 letters of the alphabet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 7
h)	Can she read simple words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 8
i)	Can she read a story with less than 10 words a page?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 9
j)	Can she read a story with more than 10 words a page?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 10
k)	Does she understand numbers 1 and 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 11
l)	Does she understand numbers 3 and 4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 12
m)	Does she understand numbers 5 to 10?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 13
n)	Can she count up to 20?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 14
o)	Can she count up to 100?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co Cog 15
						Co Cog Tot

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent/Teacher/Other (please specify:)

Thank you very much for your help

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Appendix 5

Information for Parents - Letters, information sheets, consent forms

19 June 2003

Respondent name
Address

Dear

Do you remember, in February 2000, you were interviewed by MORI about what it's like being a parent in this area? You said then, that you would be willing to be interviewed again by someone from Bristol University. I am that someone! I'm a research student looking at how useful existing services for parents and toddlers are - or not - and what would make parenting easier in this area.

I am writing to all the parents of children born between September 1999 and February 2000 who were interviewed by MORI. I want to know what it's been like bringing up a toddler in this area over the last three years.

I can offer **£10 cash** for the interview, which should take between one and one and a half hours. In the next few weeks I shall ring you, if the number you gave in 2000 is still the right one, or call, to fix a time that would be convenient to talk to you. If you've moved or changed your phone number, could you ring me on my mobile - 0779 659 2470, and I'll ring you back. Or drop me a line in the enclosed envelope.

As with the last interview, everything you say will be **confidential**, and any report I write will not name or identify any parent who took part.

If you have now decided you do not want to take part in this follow-up, please write to me at the above address. Otherwise I very much look forward to seeing you.

Yours sincerely

Sue Jones
Research Student

24 February 2004

Dear

I don't know if you remember but you were interviewed four years ago about what it is like to bring up a young child. You gave permission for a follow-up interview by the University and that's why I'm writing. I want to find out what it has been like bringing _____ up, what you think of the pre-school services and so on. All information given will be confidential.

I can offer you **£10 cash** for this interview and will do it at a time convenient to you.

I wrote in the summer to you at the address you had in 2000, but gather you have now moved. The housing department has kindly agreed to forward this letter.

I wonder if you would be so kind as to let me know your new address and/or telephone number so I can contact you? You can either return the slip below in the post-paid envelope, or ring me on **0779 659 2470**.

Looking forward to hearing from you. Through these interviews, I am building up a picture of what makes life easier for parents and children. What you say may help parents, children and services not only in Bristol, but nationally.

Again, thanks for your time. I do hope you get in touch.

Yours sincerely

Please write in any changes and return in post-paid envelope. Thanks a lot.

Name (2000) Change?

Address (2000) Change?

.....

.....

Phone No. (2000) New one?

2 April 2004

Dear Respondent

I don't know if you remember, but you were interviewed four years ago about what it is like to bring up a young child. You gave permission for a follow-up interview by the University and that's why I'm writing. I want to find out what it has been like bringing **(child name)** up, what you think of the pre-school services and so on. All information given will be **confidential**.

I can offer you **£10 cash** for this interview and will do it at a time **convenient** to you, at your home or somewhere else if you prefer.

I wrote to you a while ago at the address you had in 2000, but gather you have now moved. The housing department has kindly agreed to forward this letter.

I wonder if you would be so kind as to **let me know your new address and/or telephone number** so I can contact you? You can either return the slip below in the post-paid envelope, or ring me on **0779 659 2470**, or leave a message with the Department secretary on **0117 954 6755**.

Looking forward to hearing from you. Through these interviews, I am building up a picture of what makes life better for parents and children. What you say may help families & services not only in Bristol, but the UK.

Thank you for reading this. I **very much** hope you get in touch.

Yours sincerely



Please write in any changes & return in post-paid envelope. Thanks a lot.

Name (2000) Changes?

Address (2000) Change?

.....

Phone number (2000) New one?

16 February 2004

Dear

Just a quick note to say thank you for spending so long with me last Monday. It was really interesting to talk to you and find out what parenting had been like – what you thought about the groups you attended, and about the professionals you have been in contact with. And what it is like to juggle a full-time job with family life.

I think parenting is the most difficult job you can do, and you and your husband seem to be making a good job of it. Keep it up!

Meanwhile all the best to you and your family. I may get in touch late this year, when I have written up the results – about possibly holding a small group discussion of parents who have been interviewed, to see what you think of the first draft of my write-up (although I realise you may not have time to come).

I enclose a sheet about my study.

Yours, with very many thanks,

Sue Jones
Research Student

Use of services by parents of young children

This is a study by Sue Jones, a research student at Bristol University, looking at what services parents of young children in south-west Bristol have used and have not used and why. Also, does use of pre-school services affect how well children do by the age of four?

A random sample of parents from this area was interviewed early in 2000: most gave permission for a follow-up interview by the University. Sue is returning to parents whose children are now 4 years old (or nearly) to do this follow-up interview.

It will take about one and a half hours and a fee of £10 is offered to compensate for the time taken. At the end of the survey, Sue will write a report of the findings so that services know more about what parents find helpful and what puts them off, and also what helps children. A short version of this report can be sent to parents who take part in the survey, if they wish.

Parents can be sure:

- your details will be kept in strict confidence and only used for research**
- it won't be possible to identify any particular parent, child, family or address in the results.**

Meanwhile, if you have given permission, Sue will check the parent and child's attendance of Sure Start services, to see if this affects how well the child is doing at age four. No other details except how often the parent or child has attended the service will be sought.

Thank you very much indeed for taking part in this research. What you tell us may help parents, children and services not only in Bristol, but nationally.

**Sue Jones
February 2004**

I, _____, have received £10 from Sue Jones, of Bristol University, for an interview about pre-school services.

Date

* * * * *

The research is looking at use made of local services for parents of young children.

If my child has been registered with Sure Start at any time since his/her birth, I give consent for the researcher to have access to his/her **Sure Start attendance records**.

Only my child's name, birth-date and address will be given to Sure Start, and only dates of their/my attendance at Sure Start groups/use of Sure Start services will be provided.

Parent's name _____

Parent's signature _____ Date _____

Child's Name _____
(Current and Former)

Child's date of birth _____

Address

Appendix 6 – Support Measures

Various measures of support were used in this study, covering the different approaches outlined in Chapter 2 – perceptual, network and functional.

A6.1 Attitudes to support

Parents were asked whether they agreed or disagreed with eight statements about support¹.

One was a general statement:

- Asking for help outside the family is a sign that a parent is not coping.

Three concerned attitudes to support from informal sources:

- People round here help each other out in a crisis
- I prefer not to discuss my family with people round here because you can't trust people to keep things to themselves
- If you ask friends or neighbours for help, you end up feeling 'in debt' to them

Two concerned attitudes to professional workers:

- If you ask for parenting advice from professionals, they start interfering or trying to take over.
- I can always trust professionals (eg health visitors, teachers) to keep the things I tell them confidential.

The last two concerned parents' attitudes towards support from local workers, as the local Sure Start project had made a point of employing local parents as workers:

¹ The first six were included in the *Parenting in Poor Environments* survey (Ghate and Hazel 2002).

- Local people working in the area (such as playworkers or family link workers) are more helpful than professionals because they know what it's like to be a local parent.
- You can't be certain that local workers (such as playworkers or family link workers) will keep things confidential.

Ghate and Hazel (2002) aggregated scores from the first four statements to assess positivity towards informal support². They found an average score of 12 for these statements, compared to 14 for this sample.

A6.2 Help – Availability and use

A6.2.1 Help availability and use - Parenting in Poor Environments (PPE) measure

Ten types of help were surveyed in the national *Parenting in Poor Environments* (PPE) study (Ghate & Hazel, 2002). I asked questions about eight of these:

- Daytime childcare (two measures: two hours, all day)
- Overnight childcare
- Borrowing up to £10
- Borrowing £10 or more
- Talking about a worry about a child
- Talking about the parent's own upset/depression
- Help with housework or shopping
- Getting a lift for the parent or child

I omitted a question about 'looking after the parent when ill or tired' and, instead of asking about 'taking the child somewhere for you', including getting a lift for a child with getting a lift for the parent.

Of the 30 parents, 10 (33%) were more reluctant help-seekers, not being willing to ask for two or more of the eight types of help, most commonly overnight childcare and borrowing money.

When asking about which types of help were available and which had been used, only seven types of help (referred to as PPE7) were included as I felt the question about borrowing larger sums of money might embarrass some respondents.

Nearly two-thirds of parents (19) felt at least six of the seven types of help were available, and 16 felt this range of help was always available. As for help used, 13 (of 29 - 43%) parents had used at least three types in the previous four weeks; 13 (of 24 - 54%) parents were high users, having used help six or more times in this period.

A6.2 Help availability and use - Arizona Social Support Interview Schedule measure (ASSIS)

To compare with the 2000 survey, the ASSIS (Barrera 1981 and 1985) measure was used, which covered six types of help received:

- Borrowed/gave you money
- Confidante
- Advice about a child
- Complimented or praised you
- Practical help – housework, shopping, lifting, decorating
- Got together socially with you.

Between 2000 and 2003/4 the number of types of help received reduced from five to three, but the reason for this is not clear. Although parents' need for help might have been expected to reduce as the child grew older, 13 parents (43%) had another baby after the study child was born. These parents were not using more types of help in 2003/4 but they were using it more often than others (8.6 times compared to 6.4 times), though not significantly.

² Although the first statement does not appear specific to informal help, Ghate and Hazel treated it in this way, and in my study the four parents who were reluctant to ask for help outside the family all scored

The types of support most often received by parents were a social get-together, daytime childcare and compliments or praise from a person other than their own child (Table A6.1).

Table A6.1: *Types of support received by parents*

Type of support	Included in ASSIS measure	Included in PPE7 measure	N ³	Parents receiving this support in previous 3 months N (%)
Social get-together	Yes	No	30	24 (80)
Daytime childcare	No	Yes	30	20 (67)
Compliments/praise	Yes	No	27	17 (63)
Discuss child problems	Yes	Yes	28	15 (54)
Lift	No	Yes	28	13 (46)
Discuss personal problems	Yes	Yes	28	11 (39)
Help with housework or shopping	Yes	Yes	29	11 (38)
Borrow up to £10	Yes	Yes	29	9 (31)
Overnight childcare	No	Yes	29	7 (24)

To enable some comparison with the national *Parenting in Poor Environments* survey, information on seven of these types of help was also collected (Table A6.2). For five types of help, more parents in this study received help in the previous four weeks than in the national study; this was particularly the case for discussing problems about children, which more than half of this study’s parents (54%) had done compared to a quarter in the national study.

low positivity towards informal support.
³ No. parents for whom this information was known.

Table A6.2: Comparison of parents using seven types of help in previous four weeks between this study and the national Parenting in Poor Environments (PPE) study (Ghate & Hazel 2002)

Type of support	Parents receiving this support in previous 4 weeks			
	In study area			Parenting in Poor Environments study % ⁴
	Total N ⁵	N	%	
Daytime childcare	30	17	57	42
Discuss child problems	28	15	54	25
Lift	28	11	39	28
Discuss personal problems	28	9	32	39
Help with housework or	29	9	31	23
Borrow up to £10	29	7	24	17
Overnight childcare	29	5	17	19

In the PPE survey, parents received an average 2.3 of 10 types of help in the previous four weeks; in this study parents received an average 2.3 of seven types of help in the previous four weeks.

The PPE study found that significantly more types of help were received by those with bigger networks, higher Current Problems Questionnaire (CPQ) and Malaise scores, and those in the highest income quintile. This study only found significant associations between more types of help used and a higher number of CPQ family problems (Kendall's tau-b: $r = 0.304$, $p = 0.044$, $N = 29$), Malaise scores (Kendall's tau-b: $r = 0.318$, $p = 0.031$, $N = 29$), and also, unlike the national study, with large families (Kendall's tau-b: $r = 0.464$, $p = 0.003$, $N = 29$).

⁴ Numbers for each type of help not given. N for whole sample = 1,744.

⁵ Total number of parents in study area for whom information on this variable was available.

Appendix 7 - Parents' Perceptions of the Sure Start Project and who Specific Early Years Groups were for

A7.1 Who are early years groups for? – Parents' perceptions

Perceptions govern behaviour. This is the maxim of market researchers, who find it essential to discover the associations a product has for the public in order to better understand who buys it or does not and why. Is the same true for group attendance?

Recent research literature points to inclusion as an important factor affecting group attendance. If parents believe a group is for people like themselves, they are more likely to attend. If they believe it is not, they are more likely to stay away.

Parents were asked who they thought Sure Start generally was for, and this was linked to whether or not they said they had attended Sure Start groups. Many saw Sure Start as being for 'normal' mothers but also for those who were needy in some way. If parents had considered but not attended a particular early years group, they were asked what sort of people they thought would use it. In this way pre-existing and Sure Start groups could be compared in terms of who non-attenders thought they were for. Were Sure Start groups stigmatised as some studies have indicated? In a few cases where parents had attended groups, they were also asked what sort of people use it.

Answers referring to age of children and geographical area were omitted from this analysis of perceptions. It was a tautology that early years groups were for young children, and specific eligibility criteria (such as children needing to be under four and living in the catchment area for Sure Start membership) are considered amongst the decision factors.

A7.2 What sort of parents was Sure Start for?

In 2003/4, 25 of the 30 parents were living in a Sure Start area, two in one adjacent to the study area. Twenty-eight parents made 48 comments about Sure Start's perceived customer base. Sixteen parents thought it a universal service (at least in their neighbourhood), but just half (29%) left it at that. The other 20 felt it was either aimed

at or more likely to be used by specific groups, many disadvantaged or with a special need (Table A7.1).

Table A7.1: *Who parents thought Sure Start was for*

Social category parents perceived Sure Start to be for	Parents (N=28)	
	N ¹ (%)	
'Normal' mums/anyone	16	(57)
Support-needy parents	10	(36)
Single parents	8	(29)
Young parents	4	(14)
Non-working parents	3	(11)
Low income parents	2	(7)
Charity cases	2	(7)
'Rough' parents/children	1	(4)
First-time mums	1	(4)
Working-class	1	(4)

Over one-third (36%) of those who expressed a view thought Sure Start was for parents who needed extra support generally. Others narrowed this down to specific groups, such as single parents, young parents, non-working parents, low-income families and first-time mums. A small number of parents thought the service stigmatised, being for 'rough' parents or charity cases.

Of all 10 categories, only two could be regarded as having no negative associations – 'normal' mums and first-time parents; these accounted for just over one-third (35%) of all comments. So although just over half the sample said Sure Start was suitable for all parents (or at least mothers, as no-one mentioned fathers in reply to this question), nevertheless two-thirds of the categories parents associated with using Sure Start were those experiencing disadvantage.

¹ Parents could give more than one answer.

Comparing the comments about who Sure Start was for, the more negative perceptions were held by Sure Start users. Parents who had not gone to Sure Start groups were more likely to say the project was for normal mothers, whereas Sure Start users were more likely to say it was for parents who needed extra support or were disadvantaged in some way. This was especially true of parents who had attended Sure Start groups less than 10 times. In other words, the more negative perceptions were held by low Sure Start users, parents who had tried groups but not liked them enough to attend regularly.

A7.3 Who was Sure Start used by?

Findings relating to 28 parents from this sample can be compared with data for the whole Sure Start project in the study area. However, as has been pointed out (Chapter 4.15), data on attendance frequency was unreliable, though this was minimised by dividing parents into high and low attenders.

Sure Start was believed by over one-third (36%) of parents in this study to be for parents needing support. However it was pre-existing groups that were associated with parents needing more support, though not significantly. Nine of 13 (69%) needing more support at Stage 2 had attended a pre-existing group, compared to five of 15 (33%) who had not. Whereas less than half (six of 14 – 43%) of those with no support gap in 2000 and 2003/4 had attended any pre-existing group, 10 of the 13 (77%) with a support gap had attended. Such support-needy parents were significantly more likely to have become high attenders at pre-existing groups (Fisher's Exact Test: $p=0.049$, $df=1$, $N=30$) but not at Sure Start groups. Eight of the nine (89%) high attenders at pre-existing groups had a support gap during that period, compared to only five of the nine high Sure Start attenders. So, although Sure Start groups were more likely to be perceived as for parents needing extra support, such parents were in fact more likely to have attended pre-existing groups regularly.

Several other beliefs were not borne out by this sample (bearing in mind the unreliability of how many times parents said they had attended). Although Sure Start was perceived by over a quarter of the sample to be for single parents, dual parents in this sample were just as likely to be high users (although lone parents had used it more than dual parents in the study area as a whole – Boushel and others 2004). Working

parents were just as likely to be high users as non-working parents in this sample, and those not receiving Income Support were as likely to be high users as those who did.

Returning to the belief that Sure Start was for parents needing support, it might be expected that such parents had small support networks. However, if anything, high Sure Start users were more likely to have a large network (89% had seven or more supporters compared to 62% of low Sure Start users) though this did not reach significance (Fisher's Exact test: $p>0.10$, $df=1$, $N=30$). Perhaps parents with larger informal networks were more sociable and had more social confidence to attend groups, or had heard about early years groups through their network. Alternatively, perhaps attending groups helped a parent expand her network.

A7.4 Comparing perceptions of Sure Start and pre-existing groups

Parents who decided not to attend particular pre-existing and Sure Start groups made a similar number of comments about who would attend both. Remarkably, the profile of comments was very similar for both types of group (Table A7.2). Only two differences stood out. Pre-existing groups were more often perceived to be for young parents, perhaps because a pre-existing teenage parents group catered for such mothers. Also, Sure Start groups were more often thought to be for parents needing extra support, reflecting a common belief about the project by this sample.

Table A7.2: Who parents thought groups they chose not to attend were for

Who parents thought the group was for	Parents' comments		
	Pre-existing groups N	Sure Start groups N	All groups N
'Normal' mums/anyone	4	4	8
Parents needing extra support	2	4	6
Single parents	1	0	1
Young parents	4	1	5
Non-working or working parents	2	2	4
'Rough' parents/children	2	2	4
Low-income parents	1	1	2
Working-class parents	1	1	2
Other	3	3	6
Total	20	18	38

However, one key way in which the general perception of who Sure Start was for differed from who non-attenders thought specific Sure Start groups were for, was in how many thought Sure Start was for 'normal' mums or anyone. Whereas 57% of parents in this sample thought Sure Start generally was for anyone, when it came down to parents choosing not to attend particular groups, only 22% of these non-attended Sure Start groups and 20% of non-attended pre-existing groups were described as being for 'normal mums'.

A7.5 Parents' observations on types of parent who they believed would attend certain groups

Notable points from the perceptions parents had of who generally would attend groups and who would attend specific groups, both Sure Start and other, will now be examined.

A7.5.1 Gender

Only one parent mentioned fathers when discussing who groups were for; she wished there were more for men as her husband, a full-time home-carer, would have liked to have gone (there was a Sure Start one but they did not know about it). Otherwise all comments were about mothers or the unisex 'everyone', 'families' or 'anyone'. The term 'parent' was little-used on its own, but more frequently in expressions such as single parents.

A7.5.2 Parents needing extra support

Ten parents thought Sure Start generally was for parents needing extra support; one also thought pre-existing groups generally were for such people. Comments ranged from the sympathetic to the critical:

"Lot of people need the extra support. There is quite a few people who haven't got anybody they can talk to or stuff." (Parent1:434: Sure Start user according to project records, but not according to parent's own report)

A mother who helped run a Sure Start breast-feeding group, had expected stereotypically-needy mothers to attend, but this was not the case:

"We expect it to be teenage mums, drug problems and you never get anybody like that. They all pulled up in their cars²...People who most needed it, they just can't be bothered. There is all this help for them but unless you literally pick them up off the settee and take them there they just can't be assed." (*Parent25:366: Sure Start user*).

A professional who had come to live in the area and sampled three Sure Start groups, viewed the project as for 'struggling people overdosed with help' (15: 365), and viewed local groups generally as 'very ghettoised':

"These girls round here, very 'I can't cope at all so go to Mother and Toddler group'." (*Parent15: 221*)

These latter two comments indicate the stigma that can attach to groups.

A7.5.3 Young parents

Five parents mentioned groups being specifically for teenage mothers. The need for these is illustrated by two women who had become parents at 15 and 16. They had encountered age prejudice, which made them wary of attending 'normal' groups at that time.

One was grateful to have attended a special ante-natal class for teenage mothers, where she felt insulated from public criticism:

"It was better actually because I found lot of people quite critical about them (teen mums). Eleven years ago people were critical. I had old lady in doctor's surgery once speak to someone about me so badly, almost made me cry. She was just really awful. 'These young girls get pregnant to get council house'." (*Parent6:320*)

The other did not go to groups with her first child because of age prejudice:

"You had all the mums older, like between 25-35 and I was like 15. Like people just used to look and used to think he was my baby brother and I got asked if he was my baby brother and I said 'No'. They were quite shocked." (*Parent15: 318: attended once*)

² Subsequent discussion with the Sure Start programme manager revealed that this was the only Sure Start group where the geographical boundary was not observed.

A7.5.4 Non-working parents

Five mothers, all employed, saw Sure Start groups as for 'non-working' parents. Two had used Sure Start groups, three had not. One claimed there were no groups for working parents, some of whom were a "hidden group of miserable people" (*Parent15:365*). In contrast, two non-working parents thought particular child-only groups were for working parents or those at college.

A7.5.5 'Rough' parents/children

Some parents avoided groups where they believed 'rough' children or parents went:

"Some mums were quite rough and kids were quite rough." (Parent22: 351: attended Sure Start group 3 times)

One woman said the 'location' of some groups put her off. Although happy to stay in the area, she avoided such groups, and put her children's names down for a school that was not the nearest, to avoid 'problem' children:

"Very good to know people through living here. And you see certain types of people that go to some of them. There is characters you would rather stay away from. Some people seem to want to pick an argument and seem to use children as way of doing that, which can be really annoying. Some things you shrug off they would make a big issue of." (Parent7:338: attended three pre-existing groups regularly)

This theme of seeing certain children, adults, schools and groups in the area as 'rough' and taking avoiding action was highlighted in Chapter 8.

A7.5.6 Class

Only one parent described local groups, both Sure Start and pre-existing, as being 'working-class'; a highly-educated incomer, she regretted the lack of middle-class groups in the study area.

A7.5.7 Low income

Five parents talked about groups, generally and specifically, as being for those on low incomes, in two cases also for those without a car.

A7.5.8 First-time mums

Two parents thought groups generally were more likely to be attended by first-time mothers. In one case, the mother herself had attended a group regularly with her first child, but not with her second:

"I think they have got open arms for any parent. But only a percentage of parents who would probably bother with it. Like first-time mums." (*Parent23:542*)

A7.5.9 'Charity cases'

Two mothers, one a professional herself, the other a parent-manager at Sure Start, acknowledged some parents might be wary of attending pre-school groups run by the family centre or Sure Start, as both were run by a national children's charity.

"Because something for nothing, you always think there is strings attached. There is something you have got to do." (*Parent19:417*)

The other was more negative, referring to the stigma of using a centre run by a charity known for its past work in running orphanages.

"So many people won't lower themselves to go there because you feel you are an 'orphanage person'." (*Parent15:245*)

A7.5.10 Other

Other categories of people named as being likely to go to Sure Start groups which the parent concerned did not attend were: confident people, children who could not speak properly, and parents 'on the social that was in trouble'. Religious people, people who wanted to meet others, and being a 'Mother and Toddler group person' were mentioned as the sort of parent who would attend particular pre-existing groups.